PHYSICAL THERAPY @ THE PACIFIC CLINIC

1350 NORTH GRANT STREET KENNEWICK, WA 99336 PHONE: (509) 735-2014 FAX: (509) 735-3980

PHYSICAL THERAPY MEDICAL HISTORY

NAME: _____ DATE: _____

FAMILY PHYSICIAN: _____ REFERRING PHYSICIAN: _____

DATE OF INJURY (MVA OR WORKMAN'S COMP): _____

HOW DID THE INJURY OCCUR: _____

HOW WOULD YOU RATE YOUR OVERALL HEALTH? ( ) EXCELLENT ( ) GOOD ( ) FAIR ( ) POOR

DO YOU LIVE ALONE? ( ) YES ( ) NO

HAVE YOU HAD ANY OF THE FOLLOWING MEDICAL OR REHABILITEE SERVICE FOR THIS INJURY?

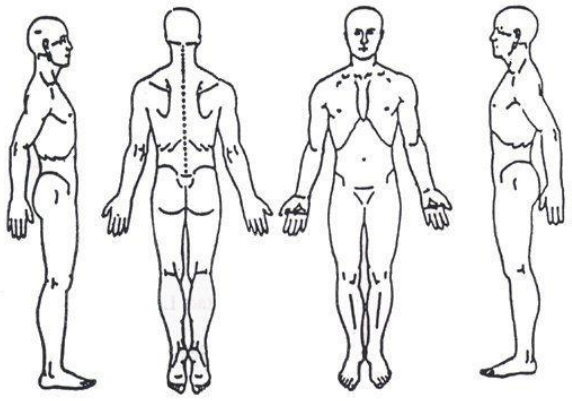
( ) X-RAYS
( ) PT, OT OR MASSAGE
( ) ER CARE
( ) CT SCAN
( ) EMG/NCV
( ) ORTHOPEDIST
( ) CHIROPRACTOR
( ) OTHER: _____

DO YOU HAVE OR HAVE YOU EVER HAD ANY OF THE FOLLOWING

( ) STROKE/TIA
( ) CANCER
( ) ARTHRITIS
( ) DIABETES
( ) EPILEPSY/SEIZURES
( ) RESPIRATORY ISSUES
( ) NEUROLOGICAL CONDITIONS
( ) DIZZINESS OR FAINTING
( ) CARDIOVASCULAR ISSUES
( ) OSTEOPOROSIS
( ) DEPRESSION/ANXIETY
( ) SHORTNESS OF BREATH
( ) TOBACCO USE
( ) ALLERGIES
( ) VISION OR HEARING ISSUES
( ) FECAL INCONTINENCE
( ) URINARY INCONTINENCE
( ) HERNIA
( ) WEIGHT LOSS OR GAIN
( ) METAL IN BODY
( ) ANEMIA
( ) INFECTIOUS DISEASE
( ) SLEEPING ISSUES/DIFFICULTY
( ) PREGNANT, HOW MANY MONTHS? _____

1. ON A SCALE OF 0 – 10, WITH 0 BEING NO PAIN AND 10 BEING THE WORST PAIN.

   _____ CURRENT PAIN _____ BEST PAIN _____ WORST PAIN



2. MARK THE LOCATION OF YOUR PAIN ON THE BODY DIAGRAM
3. WHAT CAUSES YOUR PAIN TO INCREASE? _____
4. WHAT CAUSES YOUR PAIN TO DECREASE? _____

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LIST ALL MEDICATION YOU ARE CURRENTLY TAKING INCLUDING PRESCRIPTIONS, OVER-THE-COUNTER, HERBAL AND VITAMIN SUPPLEMENTS.

MEDICATION NAME	**START / STOP DATE**	**DOSAGE**	**FREQUENCY** __ X/DAY	**ROUTE** ORAL, NASAL, PATCH, TOPICAL, IV, OTHER	**REASON / NOTES**
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