



PATIENT INFORMATION FORM

DATE: _____

PATIENT FULL NAME: _____ PREFERRED NAME: _____

EMAIL: _____ PHONE: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH: _____ GENDER: ___ M ___ F UNDER 18: ___ Y ___ N

GUARDIAN NAME: _____ EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____ RELATIONSHIP TO PATIENT: _____

FAMILY DOCTOR NAME: _____ FAMILY DR. PRACTICE: _____

FAMILY DR. PHONE: _____ REFERRING PHYSICIAN: _____

OCCUPATION: _____ OR ___ FULL TIME STUDENT

MEDICAL INFORMATION QUESTIONS

PLEASE BE AS DETAILED AS POSSIBLE FOR THE PHYSICAL THERAPIST

WHAT IS THE REASON FOR YOUR VISIT: _____

WHAT ARE YOU HOPING TO GAIN FROM TREATMENT: _____

MEDICAL INFORMATION QUESTIONS cont

PLEASE INDICATE IF YOU ARE EXPERIENCING ANY OF THE FOLLOWING CONDITIONS OR SYMPTOMS:

RESPIRATORY:

CHRONIC COUGH SHORTNESS OF BREATH BRONCHITIS ASTHMA EMPHYSEMA

CARDIOVASCULAR:

HIGH BLOOD PRESSURE LOW BLOOD PRESSURE CHF HEART ATTACK STROKE/CVA
 PHLEBITIS/VARICOSE VEINS PACEMAKER/OR SIMILAR DEVICE HEART DISEASE

HEAD/NECK

HEADACHES MIGRAINES DIZZINESS VISION PROBLEMS VISION LOSS
 RINGING IN EARS HEARING LOSS

INFECTIONS

HEPATITIS SKIN CONDITIONS RESPIRATORY CONDITIONS HIV HERPES

OTHER CONDITIONS

NAUSEA LOSS OF SENSATION DIABETES ALLERGIES EPLIEPSY CANCER
 ARTHRITIS

SOFT TISSUE/JOINT DISCOMFORT

NECK UPPER BACK MID BACK LOWER BACK SHOULDERS ARMS
 LEGS KNEES OTHER _____

ARE YOU PREGNANT: Y N

1= POOR 10+ EXCELLENT

QUALITY OF SLEEP: 1 2 3 4 5 6 7 8 9 10

DIET: 1 2 3 4 5 6 7 8 9 10

EXERCISE HABITS: 1 2 3 4 5 6 7 8 9 10

MEDICAL INFORMATION QUESTIONS cont

PREVIOUS INJURIES OR MEDICAL CONDITIONS: _____

CURRENT MEDICATIONS:

NAME	DOSAGE/ MG AND PER DAY	USE

HISTORY OF SURGERIES:

DATE	TYPE	REASON

OTHER TYPES OF HEALTHCARE:

PHYSIOTHERAPY MASSAGE THERAPY CHIROPRACTOR ACUPUNCTURE OSTEOPATHY

PERSONAL TRAINER DIETICIAN OTHER: _____

HOW DID YOU HEAR ABOUT THE LAB PERFORMANCE THERAPY: _____

IS THE PATIENT AN ATHLETE: YES (UNDER 18) YES (COLLEGIATE) YES (ADULT) NO

IF YOU ANSWERED YES PLEASE COMPLETE THE ATHLETE QUESTIONNAIRE.
