

Patient Name: _____ Date: _____

Date of onset, injury or surgery: _____

What was your initial treatment? _____

Have you had other treatment for this condition? YES _____ NO _____ If yes, please explain: _____

Are you taking any medication now? YES _____ NO _____ If yes, please list: _____

1. Do you currently, or have you ever had any of the following. Check all that apply and explain:

AIDS/HIV _____	Dizziness _____	Motor Vehicle Accident _____
Allergies _____	Difficulty Swallowing _____	Nervous Disorder _____
Asthma _____	Fractures _____	Numbness/Tingling _____
Bronchitis _____	Head Aches/Migraines _____	Pacemaker _____
Blood clots _____	Heart Disease _____	Seizures _____
Cancer _____	Heart Attack _____	Shortness of Breath _____
Chest Pain/ Angina _____	Hernia(Ventral, Inguinal, etc) _____	Stroke _____
Convulsions _____	High/Low Blood Pressure _____	Swelling of Hands / Feet _____
COPD _____	Kidney Disease _____	Other: _____
Diabetes _____	Loss of Balance/ Falls _____	

2. List any operations or surgeries that you have had, with dates: _____

3. Any other medical conditions the Physical Therapist should be aware of: _____

4. List any allergies and describe any drug reactions: _____

5. Please circle any of the following you may have/wear:

Glasses Contacts Dentures Pacemaker Metal/Foreign Object Implant

6. Are you pregnant? Yes No

7. Are you under the care of any other medical/health provider or physician? Yes No

If yes, for what condition are you being treated? a.) _____

b.) _____ c.) _____

I certify to the best of my knowledge, the above information is correct. I understand I am entering into a physical therapy program as prescribed by Dr. _____ for the treatment in the diagnosis of _____.

My next Doctor visit is scheduled for _____.

I do hereby discharge, release, and hold harmless Alliance Physical Therapy and/or any of it's personnel from any and all liability for injury that my be sustained resulting from a condition I may suffer from participation, provided the injury is not the result of intentional negligence on the part of Alliance and/or any of it's personnel.

I have read, understand and agree to the above.

Signature: _____

Date: _____