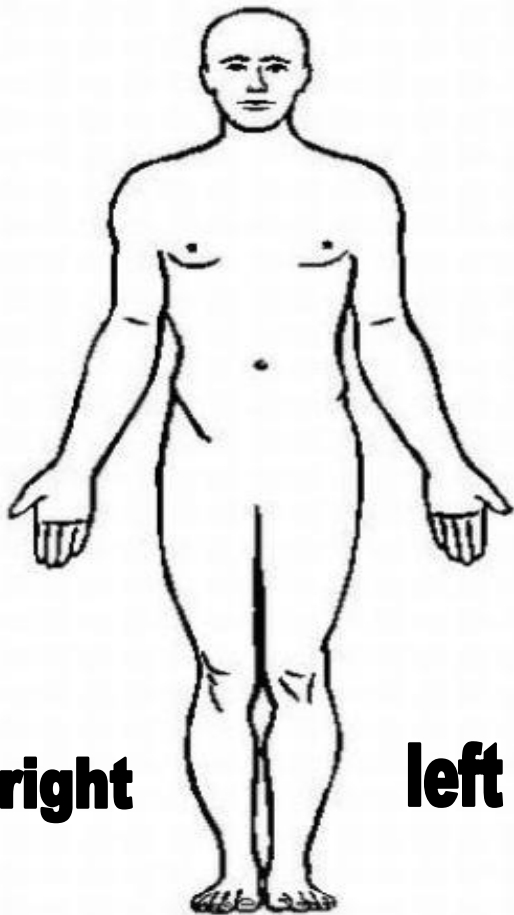




Westchase Physical Therapy & Medical Supply

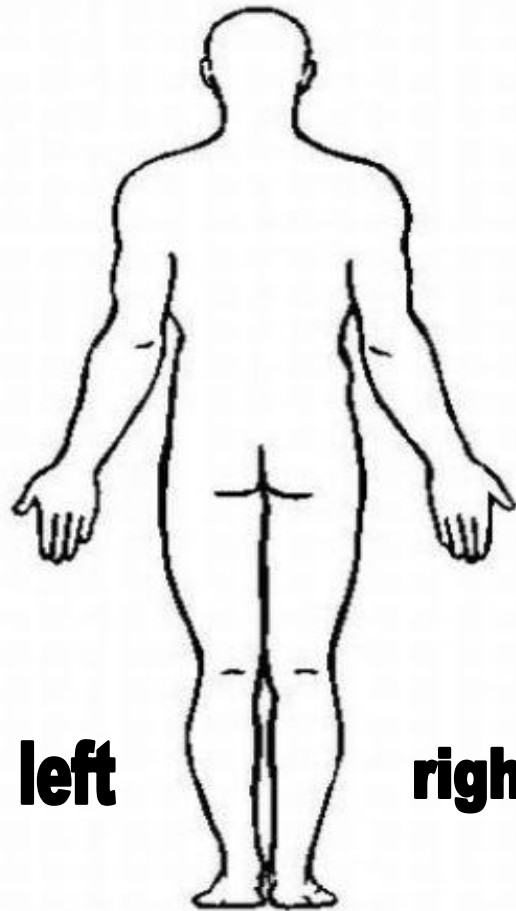
Diagnostic Tests: None (X-rays, MRI, CT Scan, EMG, blood work, etc.):		Date of Test:	
Occupation:		Retired - what type of work did you perform?	
Are you currently working?		YES	NO
If yes, how much?	Full Duty	Restricted Duty	Hours/Week:
If no, last day worked:		What are your restrictions?	
What is your job title/responsibilities?			
What problem are you having at work due to your condition?			
Patient's signature / date:			
Therapist(s) signature / date:			

Shade in the painful areas below:



right

left



left

right

Medical History and Subjective Information

A complete medical history is essential for a comprehensive evaluation