



# Westchase Physical Therapy & Medical Supply, LLC

Name:		Birth Date:		Today's Date:	
Do you live:		<input type="checkbox"/> Alone <input type="checkbox"/> With spouse/family		<input type="checkbox"/> Other _____	
Date of Injury/onset date:		Surgery date: <input type="checkbox"/> No		<input type="checkbox"/> Yes - Date of Surgery:	
Why are you here? (explain your current condition)					
What do you want to achieve in therapy?					
Pain Rating:					
Current: ____/10		Best: ____/10		Worst: ____/10	
0 = no pain                      10 ready to go to the emergency department					
What increases your pain?					
What decreases your pain?					
Do you have numbness? YES / NO		Location:			
Do you have tingling? YES / NO		Location:			
Medications:    NONE            List the current medications you are taking:					
Prior Treatment: For your <u>current</u> injury or condition, have you seen any of the following:					
<b>Health Care Provider</b>		<b>Date</b>		<b>Health Care Provider</b>	
<b>Date</b>		<b>Health Care Provider</b>		<b>Date</b>	
Family Doctor:				Occupational Therapist:	
Specialist:				Physical Therapist:	
Psychiatrist/Psychologist:				Speech Therapist:	
Pain Clinic:				Chiropractor:	
Past Medical history - Have you had or do you have any of the following conditions? Check all that apply					
<input type="checkbox"/> High Blood Pressure		<input type="checkbox"/> Osteoporosis		<input type="checkbox"/> Diabetes	
<input type="checkbox"/> High Cholesterol		<input type="checkbox"/> Latex Sensitivity		<input type="checkbox"/> Hearing Loss	
<input type="checkbox"/> Pacemaker		<input type="checkbox"/> Seizure Disorder		<input type="checkbox"/> Head Injury	
<input type="checkbox"/> Metal Implants		<input type="checkbox"/> Stroke		<input type="checkbox"/> Hepatitis	
				<input type="checkbox"/> Alcoholism	
Heart Condition:			Cancer:		
Lung Condition:			Arthritis:		
Allergies:			Are you pregnant?    YES            NO		
Past Surgical History:					

### Medical History and Subjective Information

A complete medical history is essential for a comprehensive evaluation