Northwest Physical Therapy Clinic

Patient Information

(Federal regulations require a medical history must be included in all patients' medical records in this office)

Date of Injury/Onset _____ Briefly describe _____

_____

Are you **currently** receiving home health care? Yes ☐ No ☐

Have you had any Speech Therapy this calendar year? Yes ☐ No ☐

Do you now have or have you had any of the following:

	Y	N		Y	N		Y	N
Diabetes	☐	☐	Headaches.	☐	☐	Other Allergies.	☐	☐
High Blood Pressure	☐	☐	Kidney Disease	☐	☐	Previous Surgery.	☐	☐
Heart Disease.	☐	☐	Nervous Disorders. .	☐	☐	Hernia.	☐	☐
Heart Attack	☐	☐	Stroke.	☐	☐	Seizure.	☐	☐
Pacemaker	☐	☐	Allergies to Heat/Ice.	☐	☐	Metal Implants.	☐	☐

If yes on any above, please explain and give approximate dates.

_____

_____

_____

Are you presently taking medication? Yes ☐ No ☐

If yes, please list what medications and for what condition (-or- □ see attached list).

_____

_____

_____

_____

Have you had previous physical therapy for your present condition or for any other condition this year? Yes ☐ No ☐ *If yes*, state where, when, what treatment was given and for what condition: _____

_____

_____

_____