

Ascent Physical Therapy

Patient Medical History

Name:		Referring Physician:	
Family Physician:		Date of First Doctor Visit for this Injury:	
Last Date Worked Due to Injury:		Date Returned to Work After This Injury:	
Is an Attorney involved in this Case:	YES NO		
Have you had Surgery for this injury?	YES NO	Number of Surgeries: 1 2 3 4	
Type of Surgery:		Took Place In: Hospital / Surgery Center	
Are you currently Taking Any Prescription or Non-Prescription Medication?	YES NO		
Anti-Inflammatories		List Medications	
Muscle Relaxers			
Pain Medication			
Have you had any of the following Medical or Rehabilitative Services for this Injury/Episode?			
	YES	NO	
Chiropractor			CT Scan
EMG/NCV			General Practitioner
Massage Therapy			MRI
Myelogram			Neurologist
Occupational Therapy			Orthopedist
Physical Therapy			Podiatrist
Emergency Room Care			X-Rays
Other:			
Do you now have or Have you ever had ANY of the following?			
	YES	NO	
Asthma, Bronchitis, or Emphysema			Severe or Frequent Headaches
Shortness of Breath/Chest Pain			Vision or Hearing Difficulties
Coronary Hearst Disease or Angina			Numbness or Tingling
Do you have a Pacemaker?			Dizziness or Fainting
High Blood Pressure			Balance problems
Heart Attack or Surgery			Weakness
Stroke/TIA			Weight Loss/Energy Loss
Blood Clot/Emboli			Hernia
Epilepsy/Seizures			Varicose Veins
Thyroid Trouble/Goiter			Allergies
Anemia			Any Pins or Metal Implants
Infectious Diseases			Joint Replacement
Diabetes			Neck Injury/Surgery
Cancer or Chemotherapy/Radiation			Shoulder Injury/Surgery
Arthritis/Swollen Joints			Elbow/Hand Injury/Surgery
Osteoporosis			Back Injury/Surgery
Gout			Knee Injury/Surgery
Sleeping Problems/Difficulties			Leg/Ankle//Foot Injury/Surgery
Emotional/Psychological Problems			Are You Pregnant?
Bowel or bladder Problems			Do You Smoke?
List any other information that would assist us in your care:			
Are you aware of what your diagnosis is?	YES NO		
Based upon your awareness, what are your expectations/goals while in this program?			
Patient/Guardian Signature:		Date:	