northcutt
PHYSICAL THERAPY AND WELLNESS

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PATIENT MEDICAL HISTORY

The purpose of this form is to obtain pertinent medical information for your Therapist to provide the best medical care possible.

Name: _____ Date: _____

Reason for therapy: _____

_____

History of current injury/problem and related symptoms: _____

Is the current injury due to an auto, work related or other type of accident? _____

If yes, please provide the date of injury: _____. Please provide the front office with information regarding and related insurance claim number, adjustor contact information, etc.

Tests, films, lab results that may be injury related: _____

_____

PAST MEDICAL HISTORY

Previous Surgeries:_____

_____

Other Hospitalizations: _____

_____

Chronic Illnesses:_____

Allergies: _____

Medications: _____

_____

Previous Physical Therapy: _____