

Type of work you do? Examples: lifting, prolong sitting, standing, etc. _____

How did the injury occur? _____

Present Complaint _____

Current Medical Problems: _____

Do you have any current or previous history of:

Allergies to heat/ice	Yes	No	Heart Condition	Yes	No
Anemia	Yes	No	Hernia	Yes	No
Angina (chest pain)	Yes	No	HIV Positive	Yes	No
Aortic Aneurysm	Yes	No	Kidney Disorders	Yes	No
Arthritis	Yes	No	Metal Implants	Yes	No
Asthma	Yes	No	Pacemaker	Yes	No
Blood Pressure (high or low)	Yes	No	Prostate Problems	Yes	No
Cancer	Yes	No	Rapid Heart Beat	Yes	No
Depression	Yes	No	Seizures	Yes	No
Diabetes	Yes	No	Strokes	Yes	No
Emphysema	Yes	No	Thyroid	Yes	No
Headaches	Yes	No	Ulcers	Yes	No
Heart Attack	Yes	No	Other: _____		

Have you been admitted to the hospital or undergone any surgical procedures during the last 5 years? Yes No

What was this condition? _____

Is this condition the reason you were referred to Physical Therapy? Yes No

Have you received any physical therapy treatments during the past 5 years? Yes No If yes, for what condition and was the treatment effective? _____

Did you receive any special tests while in the hospital or as an out-patient? Examples: x-rays, MRI, EMG, EKG, etc. Yes No

If yes, please specify: _____

Have you had any previous orthopaedic problems? Yes No If yes, please specify: _____

Which medications are you taking and for what? _____

Are you pregnant? Yes No If yes, when is the baby due? _____

Exercise/activity level: ____ 0 days/week ____ 1-2 days/week ____ 3-5 days week ____ 5-7 days/week

Describe exercises/activities _____

Consent to Treatment:

I have been informed by *Pacific Orthopaedic & Sports Rehabilitation* of the treatment and care, which my physician has prescribed. I understand as a patient, I am under the care and control of my physician and that *Pacific Orthopaedic & Sports Rehabilitation* is not liable for any act or omission when providing treatment in accordance with my physician's instructions. I acknowledge that no guarantee or assurance has been, nor can be made, by *Pacific Orthopaedic & Sports Rehabilitation* as to the results of the prescribed treatment.

Signature: _____

Date: _____