Date_____

3 Dimensional Physical Therapy

A Division of IPTA Clinical

History of Present Injury

What happened? _____

When did the most recent symptoms begin? _____

Have you had this problem before? __yes __no if so, when did the symptoms start _____

How would you describe your complaints? _____

Goal for Physical Therapy _____

Please list all medication (prescription and/or over the counter) that you are taking, with dosages

_____

_____

_____

Height _____ Weight _____ BMI (staff to fill out) _____

Medical history (please check all that apply)

HIV ____

Diabetes ____

CVA ____

TIA ____

Urinary incontinence ____

Hepatitis ____

Cancer ____

Kidney ____

Lung problems ____

Head injury ____

Stomach problems ____

Heart problems ____

Liver ____

Circulatory problems ____

Back/ neck injury ____

Skin disease ____

Please list any surgeries that you have had including date and type

_____

_____

Please list any allergies that you have

_____

_____