

**Patient Medical History**

Patient Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Prescription Medications: \_\_\_\_\_

Surgical History: \_\_\_\_\_

Have you received physical therapy treatment this calendar year?    Yes    No

Please check all that you have ever had:

- |                        |                     |
|------------------------|---------------------|
| Arthritis              | Seizures            |
| Broken Bones/Fractures | Stroke              |
| Cancer                 | Head Injury         |
| Diabetes               | Multiple Sclerosis  |
| Heart Problems         | Muscular Dystrophy  |
| High Blood Pressure    | Parkinson's Disease |
| Lung Problems          | Other: _____        |
| Osteoporosis           |                     |

Are you having any of these symptoms?

- |                       |                 |
|-----------------------|-----------------|
| Chest Pains           | Loss of Balance |
| Coordination Problems | Pain at Night   |
| Difficulty Sleeping   | Visual Problems |
| Headaches             | Weakness        |

Are you pregnant?    Yes    No

History of Current Problems

What is your condition/injury: \_\_\_\_\_

When did the problem(s) begin? \_\_\_\_\_

What happened? \_\_\_\_\_

Have you had the problem(s) before?    Yes    No

What makes the problem(s) worse? \_\_\_\_\_

What makes the problem(s) better? \_\_\_\_\_

Current Limitations: (check all that apply)

- |   |   |
|---|---|
| Difficulty with Walking                   | Difficulty with Chores, Shopping, Driving |
| Difficulty with Stairs                    | Difficulty with Work, School              |
| Difficulty with Walking on Rough Ground   | Difficulty with Recreation Activities     |
| Difficulty with Bathing, Dressing, Eating |   |

*I will advise the therapist if there are any changes in my physical condition that would alter my response to any of the questions on this form.*

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**new beginning therapeutic services llc.**

office: 706-253-NBTS (6287) • fax: 706-253-6289  
email: info@nbts.us • 371 Noah Drive • Suite 102 • Jasper, Georgia 30143