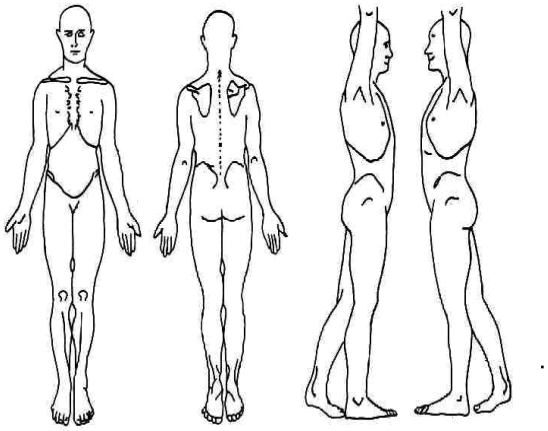
Nishati Physical Therapy/Sports Performance & Wellness

Medical History

Patient Name _____ Age _____ Physician _____

Type of Injury/Condition _____ Date of Injury _____ Date of Surgery _____

Mark the area of discomfort/concern



What is the level of discomfort at its worst

Rate the intensity of the discomfort at its worst

(None) 0 1 2 3 4 5 6 7 8 9 10 (Severe)

Rate the intensity of the discomfort at its best

(None) 0 1 2 3 4 5 6 7 8 9 10 (Severe)

Which description are you experiencing?

□ Aching □ Numbness □ Stabbing
□ Burning □ Dull □ Pins and Needles

Have you received chiropractic treatment? Yes/No

Have you received physical therapy treatment? Yes/No

Have you had any imaging performed: □ X-rays □ CT Scan □ MRI □ US □ Doppler US

Have you recently experienced: □ Weight Loss / Gain □ Nausea/ Vomiting □ Fatigue □ Weakness
□ Fevers/ Chills/ Sweats □ Numbness/ Tingling □ Headaches □ Pregnant □ Change In Vision/ Hearing
□ Night at pain □ Cramps In Legs When Walking □ Insomnia □ Shortness of Breath □ Chest Pain

Do you have now or have any of the following?

□ Surgeries □ Fractures □ Loss of Consciousness
□ Cancer □ Strains / Sprains □ Diabetes □ Seizures
□ Blood Pressure Problems □ Heart Problems □ Circulation Problems / Clots
□ Osteoporosis / Osteopenia □ Lung Disease □ Breathing Problems / Asthma
□ Easy Bruising / Bleeding □ Leg / Ankle Swelling □ Urinary Problems / Infections
□ Fainting □ Indigestion / Heartburn □ Allergies / Skin Sensitivity
□ Metal Implants / Hardware □ Depression □ Anxiety □ Head Trauma

Any previous injury that may affect current care? _____

Have you suffered any falls in the last year? □ Yes / □ No How many? _____

Explain & give approximate dates for any items listed above _____

Do you smoke Yes/No □ Past Smoker? Alcohol Consumption □ Yes/ □ No

Are you taking any medications □ Yes/ □ No Name or Type of meds _____

What do you hope to get out of your treatment? _____

_____

What are your physical and wellness goals? _____

Nishati Physical Therapy
NISHATI PT
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Sue J. Breland, MPT, DPT, OCS