LEXINGTON PHYSICAL THERAPY ASSOCIATES
MEDICAL/HEALTH INFORMATION

Your medical/health information can assist us in providing you quality care by better understanding your health status. This information is considered a part of your confidential medical record.

Name____ **Date**__________________________

Primary chief complaint____

Date of injury / onset of complaint ____

If an injury, how did this occur? ____

History of falls? Yes______ No______ If yes, how many in 1 year? __________

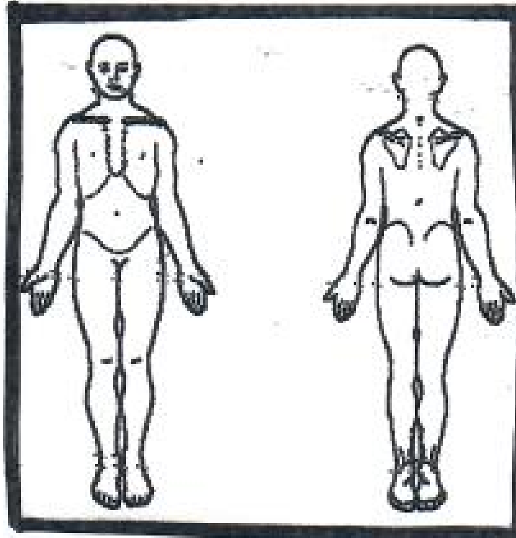
Surgery performed for this complaint? Yes/No Date__________

Have you seen anyone for your current complaint? Yes______ No______

If yes, please specify (PCP, PT, Chiropractor, etc.) ____

Have you had any of the following diagnostic tests for your current complaint?
___X-ray ___MRI ___CT Scan ___ Other____________________

Do you have PAIN? If so **Draw** on the body chart where your pain is located



Pain scale: on scale of 1-10 (10 being worst pain) (circle #)

Worst	0 1 2 3 4 5 6 7 8 9 10
Current	0 1 2 3 4 5 6 7 8 9 10
Best	0 1 2 3 4 5 6 7 8 9 10

Pain description (circle): Sharp / Tingling /Burning / Dull-ache / Shooting
Throb / Numbness / Constant / Intermittent

Pain worst at: (circle) AM / PM / Night

Do you have a history of:

Diabetes	yes__ no__	Infectious Disease	yes__ no__
High Blood Pressure	yes__ no__	Pregnant	yes__ no__
Heart Disease	yes__ no__	Hernia	yes__ no__
Heart Attack	yes__ no__	Depression	yes__ no__
Pacemaker	yes__ no__	Nervous disorders	yes__ no__
Stroke	yes__ no__	Headaches	yes__ no__
Shortness of breath	yes__ no__	Dizziness	yes__ no__
Asthma	yes__ no__	Skin allergies	yes__ no__
Cancer	yes__ no__	Recent weight	
Thyroid problems	yes__ no__	gain / loss	yes__ no__
Osteoporosis/Osteopenia	yes__ no__	Previous surgeries	yes__ no__

Details of yes answers ____

Height_________ **Weight**_________

Drug allergies Yes__ No__ If yes please list:______________________________________

Current Prescription(s)______________________________ **For**______________________________

What do you hope to get from PT (What are your goals?) ____

I was referred by ____