PHYSICAL THERAPY
KINETIX PT
Steve Hodgson MPT

PATIENT HISTORY

NAME_____

PLEASE BRIEFLY DESCRIBE THE CONDITION FOR WHICH YOU ARE BEING SEEN TODAY:

_____

_____

DO YOU HAVE ANY SPECIAL CONCERNS OR EXPECTATIONS?_____

_____

HAVE YOU FALLEN IN THE LAST YEAR?_____ WERE YOU INJURED?_____

_____

PLEASE LIST ALL MEDICATIONS YOU ARE CURRENTLY TAKING_____

_____

LIST ANY RECENT DIAGNOSTIC STUDIES YOU HAVE HAD_____

_____

DO YOU HAVE ANY METAL IN YOUR BODY? (PINS, PLATES, SCREWS, JOINTS, PACEMAKER ETC,)

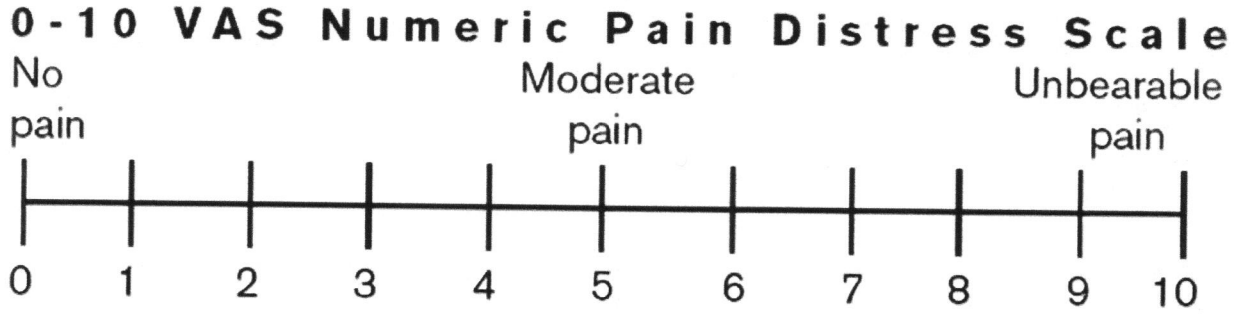
_____

PLEASE LIST ALL SURGERIES, INCLUDE DATES IF POSSIBLE_____

_____

HAVE YOU EVER HAD:

HIGH BLOOD PRESSURE	YES	NO	HEART DISORDERS	YES	NO
OSTEOARTHRITIS	YES	NO	LUNG DISORDER	YES	NO
OSTEOPOROSIS	YES	NO	CANCER	YES	NO
CIRCULATION DISORDERS	YES	NO	PACEMAKER	YES	NO
SEIZURES	YES	NO	DIZZINESS	YES	NO
DIABETES	YES	NO	ALLERGIES TO TAPE-LOTION	YES	NO
ARE YOU PREGNANT	YES	NO			

HEIGHT:_____ WEIGHT_____

PLEASE RATE YOUR CURRENT PAIN LEVEL