

FAIRHOPE PHYSICAL THERAPY SERVICES

243 SOUTH GREENO ROAD, FAIRHOPE, AL 36532

Name: _____ Date of first visit: _____

Date of birth: _____ Age: _____ Height: _____ Weight: _____

Date of onset of problems: _____ Auto/Work/Sport related _____

Do you participate in any sports/recreational activities" _____

What are your personal goals you want to achieve in PT/OT? _____

Do you have implants in your body? Yes No Type: _____

Are you currently receiving home health services or been recently discharged from home health?

Yes No If yes, when?: _____

Have you had any surgical procedures/hospitalizations Yes No

DATE	Reason for surgery or hospitalization

Please list any previous treatment for your current condition: _____

Did those treatments help?: Yes No

Do you have allergies? (bee stings, latex, medications, skin sensitivity, etc): _____

Do you smoke: Yes No Do you consume alcoholic beverages: Yes No

If you are a female is there a possibility that you are pregnant: Yes No

Please check if you a history of any of the following:

Stomach disorders High blood pressure Arthritis Asthma Heart disease Pacemaker

Hepatitis Psychiatric Diabetes Bleeding disorder Blood clot Cancer Seizures

Bowel/Bladder Osteoporosis Thyroid Orthopedic Surgery