



Alison Palmer

Physical Therapy & Wellness Center

Date: _____

Name: _____ Date of Birth _____

Address: _____ City _____ Zip _____

Best Contact Phone Number: _____ Alternate number: _____

Email: _____

Occupation: _____

Emergency Contact/phone: _____

Referred By: _____

☐ I would like to submit an invoice to my insurance or my Flexible Spending Account/ Health Savings Account for personal reimbursement. I will require a coded invoice.

Current Symptoms

1. What body parts and symptoms are you concerned about today?

a. _____

b. _____

2. When did your symptoms begin and what do you think caused them?

a. _____

b. _____

3. Since onset, are your symptoms (please circle) better worse the same

4. How often do you experience your symptoms? (constant, daily, with activity only?)

5. What makes your symptoms better? _____ worse? _____

6. What is the intensity of your pain? (Please circle) None 1 2 3 4 5 6 7 8 9 10 Worst imaginable

7. Please list any activities or movements that are difficult for you to do

8. Please describe any regular exercise that you do

9. Have you had treatment for this condition in the past? Yes No

If so, what type? _____

Was it helpful? Yes No

Medical History

Please check and describe if you have experienced any of the following.

- ☐ Numbness/Tingling/Weakness _____
- ☐ Weight Loss or Gain _____
- ☐ Fever _____
- ☐ Shortness of Breath/Cough/Asthma _____
- ☐ Chest Pain/Heart/Blood Pressure _____
- ☐ Urinary Tract Infections, Stones _____
- ☐ Vision/Hearing Loss _____
- ☐ Skin Lesions or Rash _____
- ☐ Depression/Anxiety _____
- ☐ Cancer _____
- ☐ Gastrointestinal disorders _____
- ☐ Kidney/Liver/Gallbladder disorders _____
- ☐ Communicable Disease (Hepatitis,TB) _____

Previous surgeries and dates: _____

Previous injuries and dates: (falls, car accidents, fractures, sprains, concussions, etc)

All current medications and supplements: _____

Are you receiving treatment for any other medical conditions? _____

Please mark the locations of you pain/symptoms on the diagrams below.

