881 ALMA REAL DR. STE. 311 • PACIFIC PALISADES, CA 90272
PH: (310) 454-0060 • FAX: (310) 454-0065

Date:__________________________ Age:____________________

Name:_________________________ Height:_______________ Weight:__________________________

Date of your next appointment with your physician____

Date of injury_______________________________________

Injury / illness description and how it began:____

____

____

Have you had this injury or illness before? Yes No

Have you had any surgery related to this problem? Yes No Date / /

If yes, briefly describe____

____

Occupation____

Are you currently working? Yes No

If Yes, are you under any work restrictions?____

Have you had other treatments for this problem?

Medications — Chiropractic Care
Previous Physical Therapy — Injections
Home Exercises — Other:__________________

If so, please describe:____

____

____

Special tests / Results (i.e. X-ray, EMG, MRI, Arthrogram, CT Scan, Blood Tests, Etc. Bring copy if you have it)____

____

What limitations do you now have due to this condition in your day to day activities, or occupational tasks?

____

____

Please describe your personal goals in attending physical therapy:_______________________________________

____

____

Please complete all 3 pages of this form.

Please mark all that apply to your current or past medical history.

Yes No High blood pressure

Yes No Cardiac problems, including pacemakers

Yes No Respiratory conditions, allergies, or asthma

Yes No Diabetes

Yes No Cancers, malignancies, or tumors

Yes No Rheumatoid Arthritis

Yes No Osteoarthritis

Yes No Allergy to bee stings

Yes No Weight loss or gain

Yes No Bowel or bladder problems

Yes No Pregnant

Yes No Osteoporosis

Other: ____

____

____

____

Please complete all 3 pages of this form.

Mark Area of Involvement

Time of day least pain:______________________
Time of day worst pain:_____________________

On a scale from 0 to 10, describe your pain over the past week.

Lease Pain: 0 1 2 3 4 5 6 7 8 9 10
Worst Pain: 0 1 2 3 4 5 6 7 8 9 10
Pain Today: 0 1 2 3 4 5 6 7 8 9 10