

# Physical Therapy Center

25 East Willow Street • Millburn NJ 07041

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## MEDICAL HISTORY

Name _____	Date of Birth _____ Sex _____ Age _____
Currently Working? Yes <input type="checkbox"/> No <input type="checkbox"/>	Height: _____ Weight: _____
Occupation _____	Disability? Yes <input type="checkbox"/> No <input type="checkbox"/> Short Term <input type="checkbox"/> Permanent <input type="checkbox"/>
Describe Work Duties _____	

Your chief complaint for physical therapy? Why are you here? Describe in detail:  
\_\_\_\_\_  
\_\_\_\_\_

Onset of Symptoms \_\_\_\_\_

Date of Injury \_\_\_\_\_ Cause of Injury? Motor vehicle accident  Fall  Work Related

Was injury due to trauma? If yes describe \_\_\_\_\_

Was injury due to over use? If yes describe \_\_\_\_\_

Has this been a chronic injury? Yes  No  Did this injury happen in the last 2 weeks? Yes  No

Please describe your pain level 0 (no pain) to 10 (emergency room) \_\_\_\_\_

Is your pain constant  or comes and goes throughout the day

Is your pain (check all that apply): Deep  Superficial  Sharp  Dull  Burning  Aching   
Stabbing  Numbness  Burning  Other: \_\_\_\_\_

Is there any pain radiating from source to extremities? Yes  No

Is there unexplained night pain? Yes  No  Unable to relieve? Yes  No

Does it wake you up at night? Yes  No  When is pain more prevalent? Morning  Night

What makes symptoms go away? Positions that help? \_\_\_\_\_

What increases symptoms? Positions that hurt? \_\_\_\_\_

Please describe all past medical history: \_\_\_\_\_  
\_\_\_\_\_

Please list all past surgical history: \_\_\_\_\_  
\_\_\_\_\_

Have you had any radiological testing: XRay, MRI, CT Scan, etc.? \_\_\_\_\_

Please list all medications for all medical history: \_\_\_\_\_

Describe home setting: Live alone  Stairs  How many \_\_\_\_\_ Other \_\_\_\_\_

Exercise level? None  Moderate  Daily  Heavy

Social life? Smoking  Alcohol  Coffee/Caffeine  High stress level

Pregnant? Yes  No

What goals would you like to achieve in physical therapy? \_\_\_\_\_  
\_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_