

**CONDITION AND HISTORY**

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your Condition or Injury: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

What happened? Briefly describe your current concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is this condition related to auto accident, other accident, or employment?.....Yes No

Do you have an attorney or advocate?.....Yes No

PAIN: On a scale of 0-10, circle the number that best describes the intensity of your pain right now.

0 = No Pain 10 = worst pain you can imagine.

0 1 2 3 4 5 6 7 8 9 10

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

Prior Hospitalizations/Surgeries: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Equipment / Vendor: \_\_\_\_\_

**Circle any past or current medical conditions you may have**

Arthritis	Cancer	Cardiac / Heart Disease
Cardiovascular Disease	Diabetes	Gout
High Blood Pressure	Head Injury	Lung disease
Neck and Back Pain	Pacemaker	Stroke

Other (please list): \_\_\_\_\_

Do you have a history of falling?..... Yes No

Do you have dizziness or vertigo? ..... Yes No

Do you have balance problems?..... Yes No

*NOTE: If you are currently pregnant or think you might be, please inform your therapist.*

Occupation: \_\_\_\_\_ Currently able to work? Yes No

Areas of concern at work: \_\_\_\_\_

Areas of concern at home: \_\_\_\_\_

Recreational activities/hobbies: \_\_\_\_\_

Currently able to perform? Yes No

Have you, or are you, receiving therapy services previously? If so, where, from whom and how long?

\_\_\_\_\_  
\_\_\_\_\_

In an effort to provide the most effective therapy services, please list what are the areas of function that you would like to see change over the course of therapy. In other words, let's assume that therapy is over and you are deciding whether treatment was successful. What are the improvements that would make you say "Yes, that was worth the time, money and effort I put into it?"

\_\_\_\_\_  
\_\_\_\_\_

Is there anything you feel we should know that we have not asked? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_