

Shaul's Individualized Physical Therapy, PC

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AUTOMOBILE OR OTHER ACCIDENTS? _____

ANY DIAGNOSTIC TESTS? _____ RESULTS _____

MAJOR SURGERIES? _____

HAVE YOU HAD THERAPY BEFORE? _____ WAS THE OUTCOME FAVORABLE? _____

WHAT ARE YOUR EXPECTATIONS FROM THERAPY HERE? _____

Have you ever been diagnosed as having any of the following conditions? (Please check only the applicable)

Rheumatoid Arthritis	_____	Cancer	_____	Circulation	_____
Other Arthritis	_____	Asthma	_____	Hepatitis	_____
High blood pressure	_____	Herpes	_____	Depression	_____
Emphysema/Bronchitis	_____	Anemia	_____	Tuberculosis	_____
Stroke	_____	Prostate	_____	Heart disease	_____
Diabetes	_____	Epilepsy	_____	Skin problems	_____
Multiple Sclerosis	_____	Chemical dependency/ Alcoholism	_____		_____

Do you have/ have you experienced recently SIGNIFICANT problems with any of the following? (Please check only the applicable)

Fatigue	_____	Weakness	_____	Metal fixation	_____
Allergies	_____	Circulation	_____	Sensation problem	_____
Blackouts	_____	Nausea	_____	Shingles	_____
Bowel/Bladder control	_____	Dizziness	_____	Pregnancy	_____
Breathing	_____	Headaches	_____	Ears ringing	_____
Chest pain	_____	Jaw pain	_____	Weight change	_____
Vision disturbance	_____	Pacemaker	_____	Infection/Wounds	_____
Incontinence	_____	Constipation	_____	Broken bones	_____