

# Atlas Physical Therapy, P.C.

## Patient Information Form

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Age: \_\_\_\_

DATE OF ONSET: Injury/Problem/Surgery: \_\_\_\_\_

Briefly state previous treatment, if any: \_\_\_\_\_

Do you have now, or have you ever had, any of the following?

DIABETES	YES__ NO__	ALLERGY TO COLD	YES__ NO__
HIGH BLOOD PRESSURE	YES__ NO__	OTHER ALLERGIES	YES__ NO__
PACEMAKER	YES__ NO__	PREVIOUS SURGERY	YES__ NO__
CHRONIC HEADACHES	YES__ NO__	SEIZURES	YES__ NO__
KIDNEY PROBLEMS	YES__ NO__	METAL IMPLANTS	YES__ NO__
NERVOUS DISORDERS	YES__ NO__	DIZZINESS	YES__ NO__
HERNIA	YES__ NO__	CANCER	YES__ NO__
ALLERGY TO HEAT	YES__ NO__	PREGNANT	YES__ NO__
BONE DISEASE	YES__ NO__	OSTEOPOROSIS	YES__ NO__
FRACTURES	YES__ NO__	BOWEL PROBLEMS	YES__ NO__
BLADDER PROBLEMS	YES__ NO__	RECENT WEIGHT LOSS	YES__ NO__
PINS & NEEDLES	YES__ NO__	CIRCULATORY DISEASE	YES__ NO__
PROBLEMS WITH BOTH ARMS OR BOTH LEGS? AT THE SAME TIME?			YES__ NO__

If YES to any of the above, please explain and give appropriate details:

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Are you presently taking any medications: YES\_\_ NO\_\_

If YES, please list your medications and for what conditions: \_\_\_\_\_

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Have you had any x-rays, CAT scans, MRIS, or other diagnostic tests for your recent disorder?

YES\_\_ NO\_\_

If YES, please explain the findings as you understand them \_\_\_\_\_

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Is there anything else you think I should know about your general health or current condition?

Please explain and, if necessary, we can talk about it: \_\_\_\_\_

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