

# MSI PHYSICAL THERAPY

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Email Address: \_\_\_\_\_ Would you like to receive our newsletters?  Yes  No  
(For MSI use only)

Is this related to an accident?  Auto  Work  Other \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Occupation: \_\_\_\_\_ Are you working:  Yes  No - Date Last Worked \_\_\_\_\_

**Main complaints in order of importance:**

**How & when did this problem begin?**

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

## Surgery/Hospitalization:

Type	Year	Complications
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

## Current Medications:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

**Treatment to date:**  Chiropractic  Injections  Physical therapy  Other \_\_\_\_\_

Rate your pain from 1 to 10 \_\_\_\_\_ (1 mild – 10 severe) Baseline \_\_\_\_\_ Worst \_\_\_\_\_

## Medical History:

Numbness/tingling  Headache  
 Bladder dysfunction  Hepatitis type \_\_\_\_\_  
 Bowel dysfunction  HIV/AIDS  
 Arthritis  Depression  
 Menopause (female)  Lungs  
 Other \_\_\_\_\_

## Other Medical Complaints:

Vision  Ears/Nose/Throat  
 Blackouts/Fainting  Bleeding/Clotting  
 Balance/Dizziness  Digestion  
 Hypertension  Psychiatric History  
 Headaches  Seizures

**Please check & explain any of the above that apply to you** \_\_\_\_\_

**Activities that increase your pain:**  Moving  Lifting  Carrying  Reaching  Sitting  Standing  Walking  
 Bending  Driving  Sleeping  Stairs  Running  Squatting  Other \_\_\_\_\_

## Please check if you:

Exercise regularly  Describe \_\_\_\_\_  Are you on a special diet – describe \_\_\_\_\_  
 Smoke PPD \_\_\_\_\_  Quit – When \_\_\_\_\_  Alcohol – How often \_\_\_\_\_

**Recreational interests:** \_\_\_\_\_

**What are your goals in physical therapy?:** \_\_\_\_\_

**What can you not do now due to your symptoms?:** \_\_\_\_\_

I certify that all of the above is accurate, complete, and without fabrication or suppression.

Signature \_\_\_\_\_ Reviewed by \_\_\_\_\_