jersey PHYSICAL THERAPY

Medical History

	Yes	No		Yes	No		Yes	No
High Blood Pressure	☐	☐	Claustrophobia	☐	☐	Seizures	☐	☐
Cardiac Condition	☐	☐	Kidney Problems	☐	☐	Dizzy Spells	☐	☐
Heart Attack	☐	☐	Liver Problems	☐	☐	Diabetes	☐	☐
Pacemaker	☐	☐	Cancer	☐	☐	Allergies	☐	☐
Circulation Problems	☐	☐	Vision Problems	☐	☐	Fractures	☐	☐
Arthritis	☐	☐	Speech Problems	☐	☐	Strokes	☐	☐
Osteoporosis	☐	☐	Sensitivity to Heat	☐	☐	Mental Illness	☐	☐
Nervous Disorders	☐	☐	Sensitivity to Cold	☐	☐	Smoker	☐	☐
Asthma	☐	☐	Metal Implants	☐	☐	Alcoholism or Drug use	☐	☐
						Are you pregnant?	☐	☐

Height: _____ Weight: _____

Have you suffered from any illnesses not listed above? ☐ Yes ☐ No If yes, please explain:

_____

Have you ever had surgery including this current condition? ☐ Yes ☐ No
If yes, please list the type of surgery and the year it was done:

Type:_____ Date: _____ Type: _____ Date: _____
Type: _____ Date: _____ Type: _____ Date: _____

Have you had therapy for your current condition? ☐ Yes ☐ No If yes, please list:
Location: _____ Dates: _____ Number of Visits: _____

Please list all medications, or herbal supplements you are taking: (*Please specify the Route of Administration-ROA*)
*Please use the back of this page for additional medications.

Type: _____ Dosage: _____ Frequency_____ ROA: _____

Type: _____ Dosage: _____ Frequency _____ ROA: _____

Type: _____ Dosage: _____ Frequency _____ ROA: _____

What body part are we treating? _____Date of Onset_____/_____/_____

Are we treating you as a result of a fall? ☐ Yes ☐ No

Have you fallen more then twice in the last year? ☐ Yes ☐ No
Describe the history of your present condition. Please provide all important details:

_____

_____

Authorization for Treatment

I, the undersigned, do hereby agree and give my consent for Jersey Physical Therapy Associates, LLC, to furnish all medical care and treatment considered necessary and proper in diagnosing and treating my current condition.

Print Patient's Name: _____

Signature: _____ Date _____/_____/_____
Patient or Parent/Guardian (If Under 18)