Wasatch Physical Therapy
Medical Questionnaire

Name: _____ Date: _____ Next MD Appointment: _____

Occupation: _____ Are your work duties: Full Restricted

Please check all that apply:

☐ Heart Disease ☐ Cancer ☐ Osteoporosis ☐ Diabetes ☐ Pacemaker ☐ High Blood Pressure

Have you had surgery for your condition? ☐ Y ☐ N If yes, date: _____

Have you had any injections for your condition? ☐ Y ☐ N If yes, date: _____

Is your condition related to an auto accident? ☐ Y ☐ N If yes, date: _____, what state _____

Is your condition related to a work accident? ☐ Y ☐ N If yes, date: _____, what state _____

If your injury is the result of an accident, is there currently any legal action being pursued? ☐ Y ☐ N

If so, what is your attorney's name _____, phone number _____

Please list any medications that you are taking: _____

What are your current symptoms?_____

How the injury or problem occurred?_____

Please rate your pain using a 0 – 10 scale (0 = no pain, 10 = the worst pain you can imagine)

Worst pain since onset: _____ Best pain since onset: _____ Today's pain: _____

Is your pain? Constant Intermittent Dull Sharp Other:_____

What makes your pain / problem better? _____ Worse? _____

Do you have any other aches and pains we should know about? ☐ Y ☐ N

If "Yes" please describe: _____

Have you had any physical/occupational/speech therapy or chiropractic visits this year? ☐ Y ☐ N

If Yes Where?_____, and how many visits: _____

What activities in your daily life or work duties have been most affected by your problem? _____

What do you hope to accomplish with therapy? _____

Are you exercising at home? ☐ Y ☐ N If yes, what type? _____

Are you using heat or cold? ☐ Y ☐ N If yes, what type? _____

Have you ever met with a nutritional coach? ☐ Y ☐ N Are you interested in meeting with one? ☐ Y ☐ N

Were you in a hospital or skilled nursing facility within the past 30 days? ☐ Y ☐ N

If yes, reason for stay _____

Dates of stay: From: _____ To: _____

Have you recently received any type of home care services? ☐ Y ☐ N

What was the last date anyone came into your home for services? _____