ORTHOPAEDIC SPECIALISTS OF NORTH CAROLINA
Orthopaedic Surgery Sports Medicine Pyhsical Medicine & Rehabilitation Spine Care Joint Replacement
1501 NORTH BICKETT BLVD. SUITE E ~ LOUISBURG, NC 27549 ~ PHONE (919) 497-0445 ~ FAX (919) 497-0118

PHYSICAL THERAPY PAST MEDICAL HISTORY

NAME: _____ **DOB:** _____ **AGE:** _____

MARITAL STATUS: _____ **DO YOU LIVE ALONE? YES** _____ **NO** _____

ARE YOU WORKING? YES _____ **NO** _____ **DO YOU PLAY SPORTS? YES** _____ **NO** _____

DO YOU FEEL SAFE AT HOME AND IN YOUR RELATIONSHIPS? YES _____ **NO** _____

REFERRING PHYSICIAN: _____ **DIAGNOSIS:** _____

HAVE YOU HAD ANY OF THESE STUDIES RECENTLY:

	WHEN:	**WHERE:**
X-RAY:	_____	_____
MRI:	_____	_____
OTHER:	_____	_____

IS A RECENT SURGERY YOUR REASON FOR COMING IN TODAY? YES _____ **NO** _____

IF SO, WHEN AND WHAT TYPE OF SURGERY DID YOU HAVE: _____

_____

IF NOT, WHAT IS YOUR CHIEF COMPLAINT & DATE OF ONSET: _____

_____

PAST MEDICAL HISTORY (INCLUDING SURGERY, ILLNESS, & DISEASE):

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

ARE YOU CURRENTLY TAKING ANY MEDICATION? YES _____ **NO** _____

IF SO, PLEASE LIST THEM:

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

PLEASE LIST ALL ALLERGIES:

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

_____ _____ _____ _____

Patient Signature **Date** **Therapist Signature** **Date**

SEE REVERSE SIDE FOR PAIN DIAGRAM & SYMPTOM LOCATION

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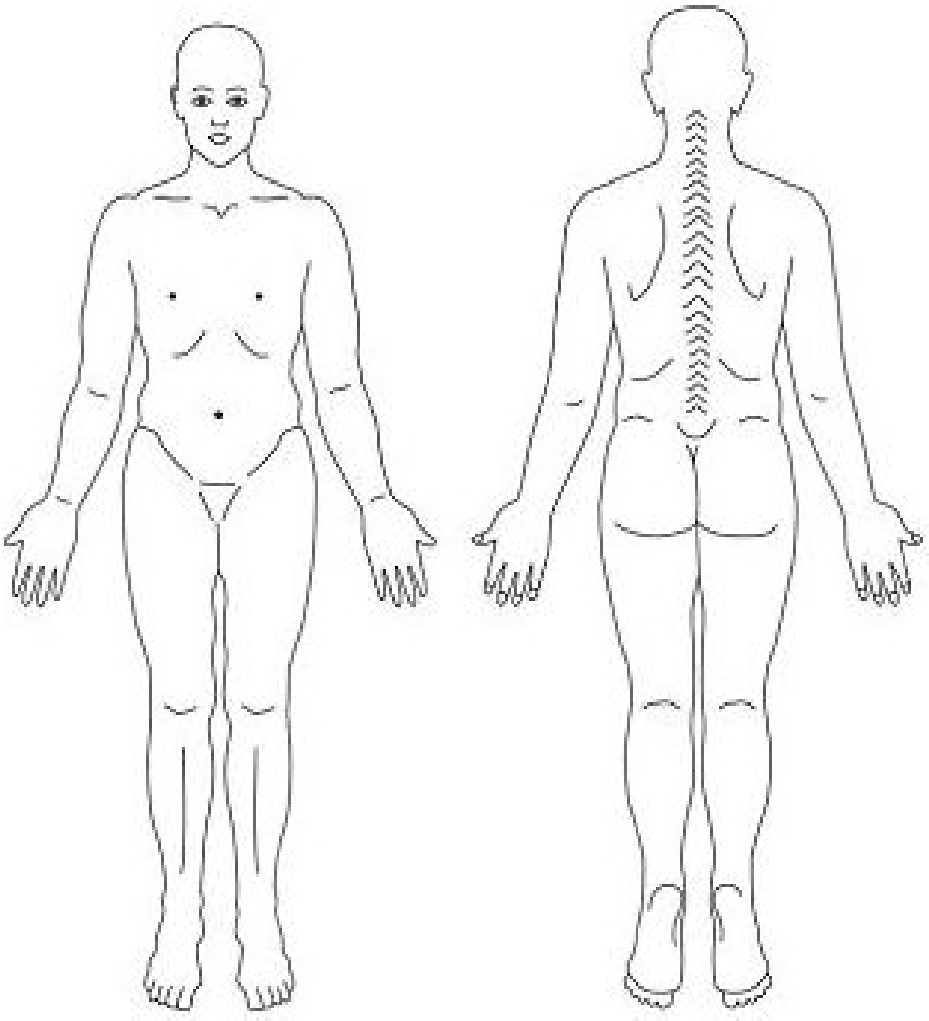
PAIN DIAGRAM & SYMPTOM LOCATION

On the diagram below, please indicate where you are currently experiencing pain and/or other symptoms. Use the key beside the diagram to mark the type of symptoms you are experiencing.



KEY	
= = = =	Numbness
○ ○ ○	Pins and Needles
X X X X	Burning
> > > >	Aching
/ / / /	Stabbing
• • • •	Other: