



COMPREHENSIVE PATIENT HISTORY

Today's Date _____

Name _____

Date of Birth _____

Chief Complaint

History of Chief Complaint

Have you had this problem before? _____ When? _____

Who treated you then? _____

Prior tests

| type | date | where | results |
|----------|-------|-------|---------|
| Xrays | _____ | _____ | _____ |
| Ct scan | _____ | _____ | _____ |
| MRI | _____ | _____ | _____ |
| Mylogram | _____ | _____ | _____ |
| EMG/NCS | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Adult illness requiring medical attention *for example diabetes, hypertension, heart attack*

| problem | date | hospital | physician |
|---------|-------|----------|-----------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Current medications, including home remedies

| name | dose | frequency |
|-------|-------|-----------|
| _____ | _____ | _____ |

Allergies

drug/food/other

reaction

Physical Examination pf 1-5, epf 6+, d 12+, c all

Height _____ Weight _____ BP _____/_____ Pulse _____ Respiration _____

Appearance

Gait

MS Exam

Inspection

ROM

Stability

Strength

Neck

Spine/pelvis

RUE

LUE

RLE

LLE

C 4 + 4

Others each = 1 Bullet

Skin

Inspection

Palpation

Neck

Spine/pelvis

RUE

LUE

RLE

LLE

C4

Others each = 1 bullet

Neurological

coordination

reflexes

sensation

orientation - time place person

mood and affect

Vascular

Lymphatic

OUT-PATIENT TESTING TO BE SCHEDULED

TESTS:

1. _____
2. _____
3. _____
4. _____

LOCATION:

1. _____
2. _____
3. _____
4. _____

RESTRICTIONS:

1. _____
2. _____
3. _____
4. _____

MEDICATIONS:

1. _____
2. _____
3. _____
4. _____

X-ray on Return _____

Out of Plaster _____

In Plaster _____

X-ray Request _____

PHYSICAL THERAPY:

1. _____
2. _____
3. _____
4. _____

Home Program _____

Department _____

How Often? _____ How Long? _____

RETURN VISIT:

PRN _____

Days _____

Weeks _____

Months _____

Other: 1. _____

2. _____

3. _____