

ACHIEVE PHYSICAL THERAPY & PERFORMANCE ENHANCEMENT, P.L.L.C.

Patient Information Form

Name: _____ Age: _____

Address: _____

Phone Number: _____ Occupation: _____

Emergency Contact and Phone Number: _____

Referring Physician: _____

Injury/Problem/Surgery: _____

Briefly State Previous Treatment, if any: _____

Do you have now, or have you ever had, any of the following:

Diabetes	Yes__No__	Allergy to cold	Yes__No__
High Blood Pressure	Yes__No__	Other Allergies	Yes__No__
Pacemaker	Yes__No__	Previous Surgery	Yes__No__
Chronic Headaches	Yes__No__	Seizures	Yes__No__
Kidney Problems	Yes__No__	Metal Implants	Yes__No__
Nervous Disorders	Yes__No__	Dizziness	Yes__No__
Hernia	Yes__No__	Cancer	Yes__No__
Allergy to Heat	Yes__No__	Pregnant	Yes__No__
Bone Disease	Yes__No__	Osteoporosis	Yes__No__
Fractures	Yes__No__	Bowel Problems	Yes__No__
Bladder Problems	Yes__No__	Recent Weight Loss	Yes__No__
Pins & Needles	Yes__No__	Circulatory Disease	Yes__No__

If you answered Yes to any of the above, please explain and give appropriate detail:

Are you presently taking any medications? Yes__No__

If Yes, please list medications and for what condition: _____

Have you had any x-rays, CAT scans, MRIs, or other diagnostic tests for your recent disorder? Yes__No__ If Yes, please explain the findings as you understand them:

I, _____, understand the inherent risks and dangers associated with physical exercise and some treatments of physical therapy. I will not hold Achieve Physical Therapy & Performance Enhancement, P.L.L.C. liable for any injuries incurred during unsupervised exercise or if using improper exercise techniques. I understand that participation in services rendered by Achieve Physical Therapy & Performance Enhancement, P.L.L.C. is strictly voluntary, and I have the right to refuse services at any time.

Signature: _____

Date: _____