WESTCHESTER

SPT

SPORTS PHYSICAL THERAPY PC

PATIENT HISTORY

Date_____

Name _____ M.D._____

Diagnosis _____

Date Of Birth_____ Height _____ Weight _____

Occupation _____ Sports/Activities _____

Give A Brief History Of Why You Are Here:

_____

_____

_____

Do You Have A History Of Any Of The Following?:

Heart Disease _____ Circulatory Problems_____

Diabetes _____ Osteoporosis_____ Cancer _____

Allergies_____ Asthma_____

Tuberculosis_____ High Blood Pressure_____

Other_____ Are You Pregnant?_____ Do You Have a Pacemaker? _____

Have You Had Physical Therapy This Year? _____Home Care?_____
Other Past Medical History (Hospitalization Within Past 10 Years, Surgeries, Etc.)

_____

_____

672 White Plains Road, Scarsdale NY 10583 (914)722-2400
www.westchestersportspt.com