

CENTRAL MASS
Physical Therapy
& WELLNESS

Medical History Form

Name		Date Of Birth	
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Chief Complaint: Why are you seeing the physical therapist today?

Date of onset of injury?	
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How did your injury begin? _____

List any MRI, Cat Scan or Xrays you may have had for this specific injury: _____

Please list any significant injuries that would be pertinent to this injury: _____

Functional Profile *Exercise?* Daily Weekly Rarely Never

Please list any Medications you currently take: _____

If you are having pain, please rate the intensity of your pain on a scale of 0 to 10, with 0 being no pain And 10 being the worst pain possible: _____

Patient's Signature

date

Signature of Guardian if patient is a minor

date