



Clark Physical Therapy
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 West Des Moines, IA 50265
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Adel Physical Therapy
 516 Nile Kinnick Dr. S, Suite B
 Adel, IA 50003
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Clark "MFR" Physical Therapy
 1454 30th Street, Suite 109
 West Des Moines, IA 50266
 Telephone: (515) 327-0046
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PATIENT MEDICAL HISTORY

Today's Date: _____
 Updated on: _____
 Updated on: _____

Name: _____ **DOB:** _____

PATIENT SOCIAL HISTORY

Occupation: _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____

Caffeine: Never Rarely # of cups per day

Alcohol: Never Quit current amount per day

Tobacco: Never Quit current amount per day

Exercise: Never Type/Frequency _____

PAST SURGERY/INJURY

DATE

XRAYS, MRI, CT SCAN: _____

MEDICATIONS: _____

ALLERGIES: _____

MEDICAL HISTORY

- | | |
|---|---|
| <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Hypertension _____ |
| <input type="checkbox"/> Kidney disease _____ | <input type="checkbox"/> Thyroid _____ |
| <input type="checkbox"/> Stroke _____ | <input type="checkbox"/> Lung disease _____ |
| <input type="checkbox"/> Liver Disease _____ | <input type="checkbox"/> Cancer _____ |
| <input type="checkbox"/> Heart Trouble _____ | <input type="checkbox"/> Mental Illness _____ |

1. Why are you seeking physical therapy services? Was this due to an accident?

2. How has this affected your ability to perform daily activities?

3. On a scale of 0 = no pain and 10 = the most severe pain imaginable, how would you rate your pain?
 At this moment _____
 At its worst _____
 At its best _____

4. Any other information that you would like to provide to help facilitate your care!
