NATURE COAST PHYSICAL THERAPY

3787 E. Gulf to Lake Hwy., Inverness, FL 34453

3777 N. Lecanto Hwy., Beverly Hills, FL 34465

NAME: _____ DATE: _____

PHYSICIAN REFERRING: _____ PRIMARY: _____

DIAGNOSIS: _____

SURGERIES AND DATES: _____

_____

MEDICAL HISTORY

	YES	NO
HAVE YOU EVER HAD PHYSICAL THERAPY?		
HAVE YOU EVER BROKEN ANY BONES?		
DO YOU HAVE A PACEMAKER?		
HAVE YOU EVER HAD A HEART ATTACK?		
HAVE YOU EVER HAD A STROKE?		
FO YOU HAVE ARTHRITIS?		
DO YOU HAVE DIABETES?		
DO YOU HAVE ALLERGIES?		
DO YOU HAVE ANY HISTORY OF SEIZURES?		
DO YOU HAVE HIGH BLOOD PRESSURE?		
HAVE YOU EVER HAD CANCER?		

PLEASE FURTHER EXPLAIN ANY "YES" ANSWERS: _____

_____

_____

IS THERE ANYTHING ELSE ABOUT YOUR PAST MEDICAL HISTORY YOU FEEL WE SHOULD KNOW? _____

_____

_____

MEDICATIONS CURRENTLY AND RECENTLY USED: _____

_____

WHAT ARE YOUR GOALS FOR PHYSICAL THERAPY? AS IN, WHAT DO YOU HOPE TO ACCOMPLISH FROM PHYSICAL THERAPY ? _____

_____

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