

**PATIENT INFORMATION**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ GENDER:  M/  F

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ WHAT WOULD YOU PREFER TO BE CALLED: \_\_\_\_\_

SS#: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

OCCUPATION \_\_\_\_\_ WORKING?  Y /  N DATE LAST WORKED \_\_\_\_\_

IF PATIENT IS A MINOR, PLEASE LIST PARENT OR GUARDIAN'S NAME & ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_

REFERRING PHYSICIAN: \_\_\_\_\_ NEXT APPT. DATE: \_\_\_\_\_

PRIMARY PHYSICIAN: \_\_\_\_\_

CHIEF COMPLAINT/INJURY \_\_\_\_\_

IS THIS A RECURRENT INJURY?  YES  NO

DEGREE OF PAIN (CIRCLE ONE) 0 1 2 3 4 5 6 7 8 9 10

TYPE OF PAIN:  DULL  SHARP  CONSTANT  INTERMITTENT  LOCALIZED  RADIATING

LIST ALL SURGERIES: \_\_\_\_\_  
\_\_\_\_\_

PREVIOUS INJURIES: \_\_\_\_\_  
\_\_\_\_\_

OTHER MEDICAL CONDITIONS: \_\_\_\_\_  
\_\_\_\_\_

ARE YOU CURRENTLY BEING TREATED BY ANYONE OTHER THAN YOUR PHYSICIAN FOR THIS PROBLEM?  
 YES  NO

DO YOU HAVE A CARDIAC HISTORY?  YES  NO DO YOU HAVE A PACEMAKER?  YES  NO

ARE YOU PREGNANT?  YES  NO

LIST OF CURRENT MEDICATIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALLERGIES:  YES  NO IF YES, TO WHAT? \_\_\_\_\_

PAST PHYSICAL THERAPY: (WHAT, WHEN & WHERE) \_\_\_\_\_

IN CASE OF AN EMERGENCY, PROVIDE A NAME AND PHONE NUMBER OF CONTACT PERSON:  
\_\_\_\_\_  
\_\_\_\_\_

HOW DID YOU HEAR ABOUT ORTHOSPORTS? \_\_\_\_\_

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE  
(FOR MINOR PATIENTS)

## **ACKNOWLEDGEMENT OF RECEIPT**

**I understand the HIPPA policy and that my information will not be shared with anyone other than my physician(s) and medical professionals unless I provide written permission. A copy of the Privacy Act is available to me upon request of Orthosports Physical Therapy notice of Privacy Practice.**

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**Patient's name (please print)**

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**Signature**

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**Date (mm/dd/yyyy)**

## **CONSENT TO RELEASE PHOTO/IMAGE**

- I give permission to Orthosports to publish my photo image with my testimonial.**
- I do not give permission to Orthosports to publish my photo image.**