



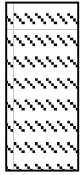
P BODYWORKS D PHYSICAL X THERAPY

2100 NE BROADWAY, SUITE 225
PORTLAND, OR 97232
P: 503.719.5000
F: 971.255.1754

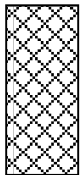
4016 NE FREMONT ST.
PORTLAND, OR 97212
P: 971.678.7422
F: 503.379.1988

Patient: _____

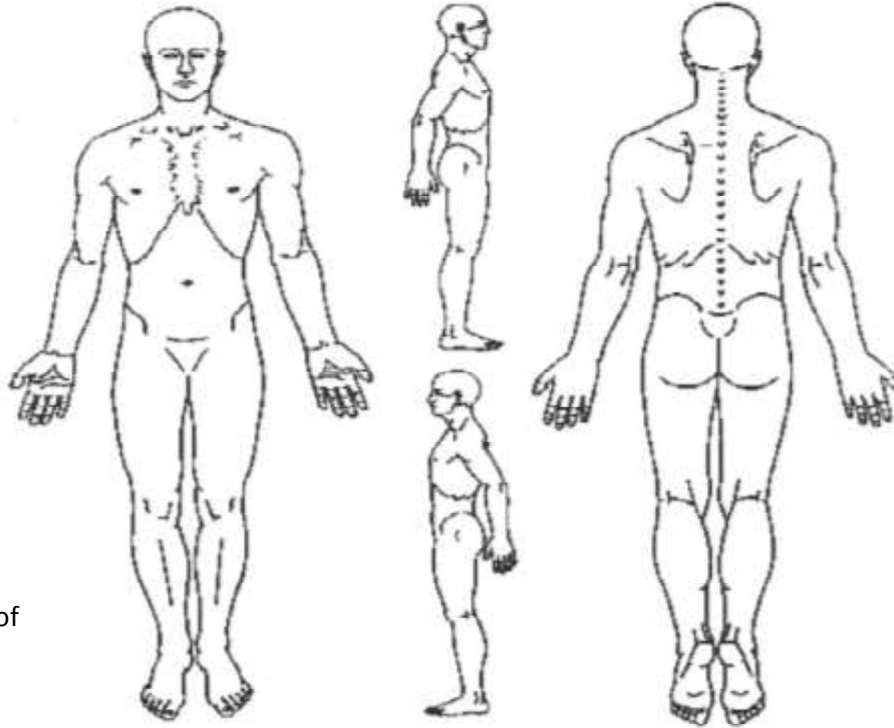
Date: _____



Shade in (\) areas
Of Pain



Shade in (X) areas of
Numbness



Describe Pain _____

Describe any muscle weakness and any functional difficulty, i.e. tripping, difficulty with stairs, etc?

How long have you had this problem? _____

Any loss of bowel control? YES NO _____

Any loss of bladder control? YES NO _____

Any loss of sexual function? YES NO _____

Previous testing/x-rays/lab/others (regarding this problem) _____

Briefly describe the type of work you do _____

Are you currently working? YES or NO

Are you currently on modified duty? YES or NO

PDX Bodyworks Physical Therapy, LLC

Health History

This information is to help us to establish a data base to aid in your care. Your cooperation is needed and appreciated.

NAME: _____ DATE: _____
OCCUPATION: _____ EMPLOYED BY: _____
E-MAIL: _____

WHAT, IF ANY, OTHER HEALTH PROBLEMS HAVE YOU HAD?
PLEASE MARK BELOW ALL THAT APPLY TO YOU:

- Diabetes/ Cancer/ High Blood Pressure/ Heart Problems/ Anemia/ _____
 Asthma, Hay Fever/ Thyroid Problem/ Kidney, Bladder or Urinary Problem
 Lung Problems/ Stomach or Bowel Problems/ Liver Problem or Hepatitis
 Birth Defects/ Arthritis/ Glaucoma/ Venereal Disease

OTHER NOTES:

SURGERIES (LIST PROCEDURE AND YEAR):

HOSPITALIZATIONS (OTHER THAN SURGERIES AND CHILBIRTH/REASON AND YEAR):

ALLERGIES (MEDICATIONS OR OTHERS):

LIST MEDICATIONS TAKEN ON A REGULAR BASIS, INCLUDING OVER THE COUNTER, HERBAL, ETC:

HABITS:

ALCOHOL: NONE

ALCOHOLIC BEVERAGES PER WEEK, 1-4 , 5-7 , MORE THAN 10-15

TOBACCO: NONE

CIGARETTES _____, PACKS PER DAY FOR _____ YEARS

CIGARS, PIPE _____

OTHER INFORMATION THAT MAY AID IN YOUR CARE:

