Hands *On* Center
Physical Therapy • Manual Therapy
www.hocpt.com

NEW PATIENT FORM

Name: _____ Date: ____/____/____

Date of Birth: ____/____/____ Age: _____ Sex: **M** **F** Height: _____ ft/in Weight: _____ lbs

PATIENT HISTORY

Please check any of the following conditions you have or have had:

- Anemia ☐
- Arthritis ☐
- Arthero/Anteriosclerosis ☐
- Asthma ☐
- Cancer ☐
- Car accident ☐
- Circulatory problems ☐
- Depression ☐
- Diabetes ☐
- Diverticulitis ☐
- Dizziness or loss of balance ☐
- Emphysema ☐
- Fracture/other injury ☐
- Headaches/Migraine ☐
- Heart condition ☐
- Hernia ☐
- High Blood Pressure ☐
- Low Blood Pressure ☐
- Overweight ☐
- Phlebitis ☐
- Seizures ☐
- Skin disorder ☐
- Other (please state) _____

Hospitalization/Surgeries

Reason	Date	Hospital Location

Medications currently taking: None ☐

Name	Dose	Frequency

Please list anything else you feel we may need to be aware of:

_____

_____

_____

_____

_____

Previous physical therapy? Yes ☐ No ☐ If yes, therapist/clinic name: _____

Chief Concern	Treatment Received	Treatment Period (month/yr)	Treatment Effective? (y/n)

OVER

CURRENT COMPLAINT

Description of symptoms: _____

_____

_____

Medical test(s) related to this complaint: X-ray ☐ CT scan ☐ Myelogram ☐ MRI ☐ Bone Scan ☐ EMG ☐

Results (if known): _____

Please circle how severe your pain is: none 0 1 2 3 4 5 6 7 8 9 10 severe

1. Is your pain constant? Yes ☐ No ☐

2. Does your pain move around? Yes ☐ No ☐

3. When is your pain the worst? AM ☐ PM ☐

4. Is your sleep disrupted by pain? Yes ☐ No ☐

5. Which of the following do you experience?:

numbness	☐	tingling	☐
burning	☐	weakness	☐
headaches	☐	blurred vision	☐
nausea	☐	ringing in ears	☐
dizziness	☐		

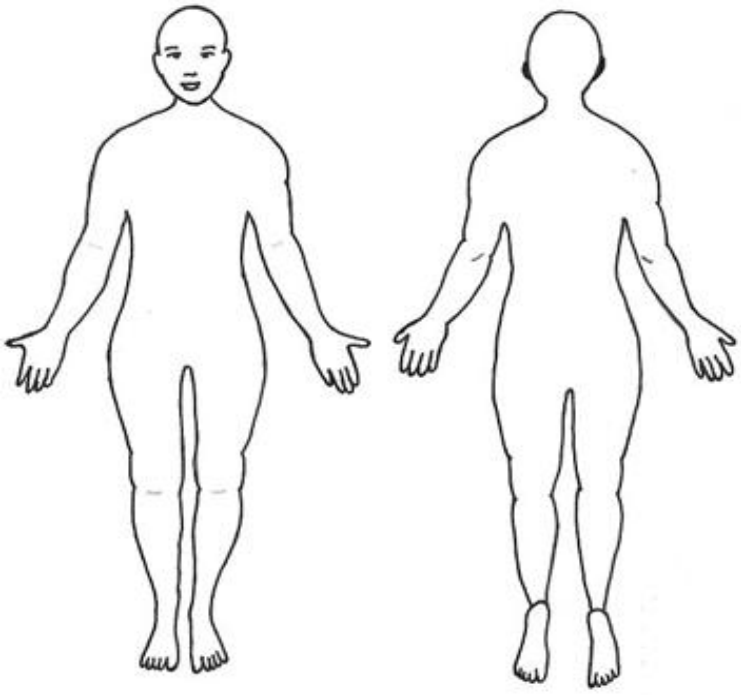
6. How would you decribe your pain?

sharp	☐	dull ache	☐
grabbing	☐	throbbing	☐
tenderness	☐	shooting	☐
burning	☐	sore	☐

7. Are your activities restricted by your pain? Yes ☐ No ☐

If yes, in what way? _____

Please mark the parts of your body that are experiencing pain:



Hands On Center
Downtown Farmington 32746 Grand River Ave • Farmington, MI • 48170 • tel (248) 488-7200 • fax (248) 476-6681
Downtown Plymouth 650 S Main St • Plymouth, MI • 48170 • tel (734) 455-8370 • fax (734) 455-2924