

# Medical History Form

## Case Information

Evaluation Date: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Gender: M / F  
 Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Referring Provider: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_

## Injury Information

Are you getting physical/occupational therapy as a result of a work injury or motor vehicle accident?

No  Yes: Work Injury  Yes: Motor Vehicle Accident

Reason for Therapy:

Injury Rehab  Pain Management  Strengthening  Mobility / Walking  
 Balance Training  Surgical Rehab  Other:

Approximately when did your symptoms begin? \_\_\_\_\_

How did you become injured / Did something specific happen to bring on your symptoms?

\_\_\_\_\_

Which parts of your body are affected? Check all that apply:

Head  Neck  Midback / Chest / Ribs  Low Back/Pelvis  
 Shoulder  Arm  Elbow/Forearm  Wrist/Hand  
 Hip  Knee  Ankle/Foot  Other:

Please list the medical care you have received for this injury to date (Check all that apply):

Medical Evaluation  Specialist Evaluation  Physical Therapy  Chiropractic  
 Radiographs (X-Ray)  MRI / CT Scan / EMG  Injections  Nerve Ablation  
 Surgery  Medications (Fill out chart below or provide medication list)

<b>Baxter</b>	<b>Crosslake</b>	<b>Pierz</b>	<b>Inver Grove Heights</b>	<b>Pine River</b>	<b>Takedown</b>
14884 Kirkwood Drive Baxter, MN 56425 P: 218.824.5027 F: 218.824.8011	35544 Sandpoint Drive Suite A Crosslake, MN 56442 P: 218.692.5020 F: 218.692.5021	26814 143rd Street Pierz, MN 56364 P: 320.468.0183 F: 320.468.2075	5836 Blaine Avenue Suite 105 IGH, MN 55076 P: 651.455.0535 F: 651.455.1565	409 Barclay Avenue PO BOX 785 Pine River, MN 56474 P: 218.587.5022 F: 855.367.2851	17192 State Hwy 371 Brainerd, MN 56401 P: 218.824.5027 F: 218.821.8011

