TOWNE PHYSICAL THERAPY CENTRE

3112 E. Commercial Blvd. Fort Lauderdale, Florida 33308
(954) 776-9997 FAX (954) 776-1119

History of Current Episode

Name:_____ Age: _____

Nature of Problem: _____

Date of Onset: _____ Date of Current Surgery (if applicable):_____

Mechanism of Onset: _____

Is this episode due to an Automobile Accident? _____ or a Work-Related Injury ?_____

Current Pain Level

Please circle: 0 *1 2 3 4 5 6 7 8 9 10*

(no pain) *(ER)*

Where did the pain start? _____ Where did pain spread? _____

Does pain prevent you from sleeping/awaken you? _____

Do you have any numbness/tingling? _____

Do you have difficulty sitting/standing/walking? _____

Is your pain better/worse/same throughout the day?: Morning: _____ Mid-Day: _____ Night: _____

Current medications: _____

Referring Physician:_____ Phone: _____

Primary Physician: _____ Phone: _____

Have you previously received physical therapy in the current calendar year? Yes _____ No _____

If yes, approximately how long? _____

Are you ***currently*** receiving ***any*** medical care at home? Yes _____ No _____

****Medicare will not cover simultaneous home health care and outpatient physical therapy****

Are you currently receiving treatment for same symptoms by another health care provider? Yes_____ No_____

Is there litigation associated with this episode? Yes _____ No _____

Attorney:_____ Phone/Fax:_____

What are your goals for therapy: _____

***Signature*_____*Date*_____**