

TOWNE PHYSICAL THERAPY CENTRE

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

Patient Information

Please Print

Patient Name: _____ Parent/Guardian Name: _____

Date: _____ Age: _____ Date of Birth: _____ SS#: _____

Address: _____ City: _____ State: _____ Zip: _____

Other Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: (_____) _____ Cell Phone #: (_____) _____

Work #: (_____) _____ Most likely reached at: _____

Emergency Contact Name: _____ Relation: _____

Contact Address and Phone: _____

Employer Name and Address: _____

Occupation: _____

Health Insurance Information

Primary Carrier Name: _____

Address and Phone: _____

ID#: _____ Group#: _____

Secondary Carrier Name: _____

Address and Phone: _____

ID#: _____ Group#: _____

Driver's License #: _____

		MEDICAL HISTORY						
	Y	N		Y	N		Y	N
High/Low Blood Pressure			Parkinson's Disease			Macular Degeneration		
Coronary Artery Disease			Asthma			Osteoarthritis		
Abdominal Aortic Aneurysm			Shortness of Breath			Rheumatoid Arthritis		
Peripheral Vascular Disease			Emphysema			Fibromyalgia		
Heart Attack			Cancer			Psoriasis/Eczema		
Arrhythmia			Kidney Disease			Lupus		
Seizure Disorder			Urinary Tract/Disease			HIV positive/AIDS		
Stroke (CVA or TIA)			Prostate Disease			Osteoporosis/ Osteopenia		
Neuropathy			GI Problems/Disease			Fractures		
Diabetes			Ulcer			Spinal Stenosis		
Hypoglycemia			Diverticulitis			Degenerative Disc Disease		
Hypothyroidism/Hyperthyroidism			Liver Disease			Disc Herniation/Bulge		
Vertigo			Gall Bladder Disease			Difficulty hearing?		
Balance Problems – Inner Ear			Headaches (Tension/Migraine)			Difficulty seeing?		
Balance Problems – Other			Glaucoma			Other:		

SURGICAL HISTORY								
	Y	DATE		Y	DATE		Y	DATE R/L
Tonsillectomy			Angioplasty			Cervical Surgery		
Appendectomy			Pacemaker			Lumbar Surgery		
D & C			Thyroid			Shoulder Surgery		
Hysterectomy			Gall Bladder			Elbow Surgery		
C-Section			Liver			Wrist Surgery		
Mastectomy R/L			Kidney			Hand Surgery		
Breast Reconstruction R/L			Gastrointestinal			Hip Surgery		
Breast Augmentation R/L			Bariatric Bypass			Knee Surgery		
Prostate			Cataract R/L			Ankle Surgery		
Cardiac Bypass			Eye – Other R/L			Foot Surgery		
Cardiac Catheter						Other:		

ACTIVITIES/SOCIAL								
	Y	N	OCC		Y	N	OCC	
Stress - Home				Exercise Routine				
Stress – Work				Please specify:				
Heavy Lifting				Sports				
Do you smoke?				Please specify:				
Do you drink?								

Allergies/Medicine: _____ Allergies/Other: _____

Signature

Date