



Holistic Physical Therapy LLC

149 Lincoln Ave, Monroe, MI 48162

Ph: 734.243.2089

Fax: 734.241.2275

HPTLLC@yahoo.com

Page 1

Physical Therapy Patient History Questionnaire

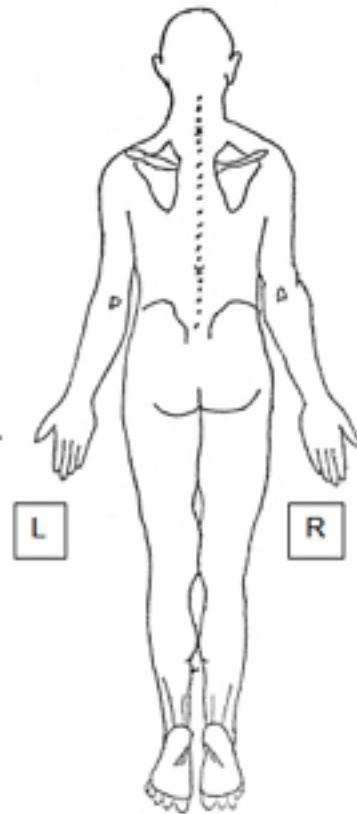
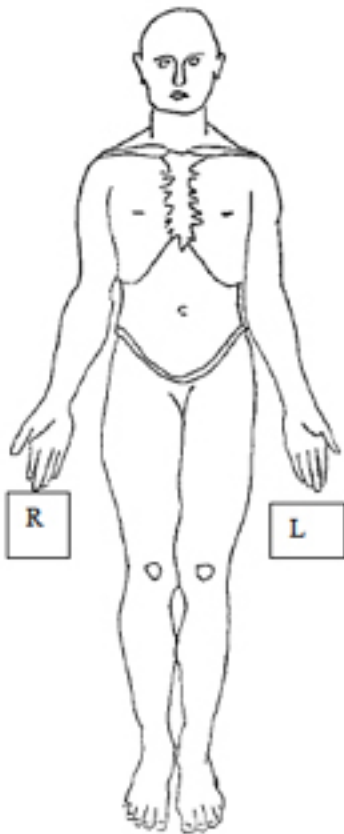
Date: _____ Name: _____

Occupation: _____ Age: _____

What is your primary physical complaint? _____

Where do you feel it? (mark on body chart) _____

≡ = achiness ||| = Numbness T = tingling ↓ = shooting pain
SYMPTOMS: constant intermittent



Do you have weakness or swelling? _____ Where? _____



Holistic Physical Therapy LLC

149 Lincoln Ave, Monroe, MI 48162

Ph: 734.243.2089

Fax: 734.241.2275

HPTLLC@yahoo.com

Page 2

On a pain scale of 0 to 10, what number best describes the intensity of your pain?

0 = none, 10 = excruciating

At its worst: 0 10 Presently: 0 10

Is your condition Improving Unchanged Worsening
Currently:

Date of onset?

How or why did it start?

Is there someone to take care of you?

Are you better or worse with any of the below?

Indicate how long can you tolerate these activities.

	Better	Worse	Duration		Better	Worse	Duration
Sitting				Twisting			
Standing				Heat			
Walking				Ice			
Lying Down				Rest			
Bending				Other			
Lifting				Other			

What are you no longer able to do?

What medications are you taking?



Holistic Physical Therapy LLC

149 Lincoln Ave, Monroe, MI 48162

Ph: 734.243.2089

Fax: 734.241.2275

HPTLLC@yahoo.com

Page 3

What vitamins, minerals, herbs, or other supplements are you taking?

.....
.....
.....

Do you feel you follow a healthy diet?

Do you smoke?

How much?

What previous treatment have you had?

.....

Where have you been for care so far? Ex. Chiropractic, PT, Massage and so on.

.....

Do you have children?

How many?

What ages?

Divorced, Married, or Single?

Identify any traumas, significant medical problems, or surgeries you have had (Even from childhood) auto or work accidents, other injuries or illnesses (give dates):

.....
.....
.....
.....
.....

What position do you sleep in?

Any Allergies or Sensitivities:

.....

Is your sleep disturbed?

.....



Holistic Physical Therapy LLC

149 Lincoln Ave, Monroe, MI 48162

Ph: 734.243.2089

Fax: 734.241.2275

HPTLLC@yahoo.com

How many consecutive hours can you sleep?

How many pillows do you use?

What type of surface do you sleep on?

Firm Soft Sagging Bed Waterbed Futon

What are your physical therapy goals?

What would you like to be able to do again?

Problems (Physical Therapist will fill out this portion)

Problems	Goals

Patient's Signature

Physical Therapist's Signature

Date

Date