

GULF COAST THERAPY PATIENT MEDICAL HISTORY

REFERRING PHYSICIAN:				PRIMARY CARE PHYSICIAN:							
ARE YOU HERE FOR AN INJURY? Y N				HAVE YOU HAD SURGERY FOR THIS INJURY? Y N							
TYPE OF SURGERY/SURGERIES:				NUMBER OF SURGERIES:							
IS THERE AN ATTORNEY INVOLVED IN THIS CASE? Y N				DO YOU HAVE A LIVING WILL? Y N							
HEIGHT:			WEIGHT:			AGE:					
DO YOU HAVE OR HAVE YOU EVER HAD ANY OF THE FOLLOWING:											
LUNG/BREATHING PROBLEMS	Y E S	N O	HEART CONDITION	Y E S	N O	HIGH BLOOD PRESSURE	Y E S	N O	ALLERGY TO LATEX	Y E S	NO
PACEMAKER	Y E S	N O	CANCER	Y E S	N O	EPILEPSY/SIEZURES	Y E S	N O	DIZZINESS	Y E S	NO
BLOOD CLOT/EMBOLI	Y E S	N O	OSTEOPOROSIS	Y E S	N O	DIABETES	Y E S	N O	INFECTUOUS DISEASE	Y E S	NO
JOINT/METAL IMPLANTS	Y E S	N O	ARTHRITIS/SWOLLEN JOINTS	Y E S	N O	How did you hear about us? Referring Doctor Website Google Friend/Family Current/former patient					

MEDICATION LIST

MEDICATION NAME	DOSAGE	FREQUENCY	ROUTE (ORAL, TRANSDERMAL, INJECTION)

I VERIFY THAT I HAVE REVIEWED THIS MEDICATION LIST WITH THE PATIENT/THERAPIST

Therapist Signature

Date

Patient Signature

Date

Non-Emergency cancellations require a 24-hour notice. Emergency cancellations must be made within 2 hours of the scheduled appointment time. If the appointment is not cancelled within the proper time frame, you will be billed a \$50 fee.

If you are more than 10 minutes late and we cannot work you in, you will be billed a \$50 fee.