



Desert Sky Physical Therapy
 Kris DeCant, PT
 10213 N 92nd Street, Suite 102
 Scottsdale, AZ 85258
 (480) 699-4867

Patient Information and History Record

Name _____ Sex _____ Today's Date _____
 Address _____ City _____ State _____ Zip Code _____
 Social Security Number _____ Telephone _____ work _____
 Occupation _____ Employer _____
 Primary Care Physician _____ Dr.'s phone _____
 Date of Birth _____ Marital Status _____
 What is the problem that brings you to therapy? _____
 Is your condition due to an(Y/N) Auto Accident? _____ Fall _____ Work Injury _____ Surgery _____
 Please list any allergies _____

Current Medication List:

Drug	Dosage	Drug	Dosage
1. _____	_____	5. _____	_____
2. _____	_____	6. _____	_____
3. _____	_____	7. _____	_____
4. _____	_____	8. _____	_____

Medical History	Yes	No	Comments		Yes	No	Comments
Tuberculosis (TB)				Diabetes			
Respiratory (COPD)				Cancer			
Asthma				Kidney/Urinary			
High Blood Pressure				Epilepsy/Seizures			
Low Blood Pressure				Stomach/GI			
Dizziness				Heart Attack			
Heart Disease				Stroke			
Circulation/Vascular				Skin Problems			
Arthritis				Pacemaker			
Osteoporosis				Intestinal Trauma			
Joint Replacement				Psychiatric History			
Pregnancy				Sexual Abuse			
Menopause				Other			

Please list any surgical procedures in last 60 days _____

List Prior Surgeries or Hospitalization Date _____

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Do you have any problems with	Yes	No	Comments
Bowel Control	_____	_____	_____
Bladder Control	_____	_____	_____
Headaches	_____	_____	_____
Blurry/Double Vision	_____	_____	_____
Shortness of Breath	_____	_____	_____
Skin	_____	_____	_____
Cough/Sneeze	_____	_____	_____
Depression	_____	_____	_____
Sleeping	_____	_____	_____
Fatigue	_____	_____	_____
Weight Loss or Gain	_____	_____	_____
Chest Pain	_____	_____	_____
Nausea or Vomiting	_____	_____	_____
Swelling/Edema	_____	_____	_____
Infectious Disease	_____	_____	_____
Wound Healing	_____	_____	_____

Do you smoke? _____ How much? _____
Do you drink alcohol _____ How much? _____

Comments:

Patients Goals for Treatment _____

In order to reach your optimum rehabilitation, it is essential that you follow your physician's prescribed treatment and the treatment plan established by your physical therapist.

If you must cancel an appointment, please notify us as soon as possible so that we can reschedule your missed appointment. We are obliged to record all cancellations and no show in your medical record. If you are covered by worker's compensation, we are obliged to report cancelled and no show appointments to your insurance carrier.

Signature _____ date _____

Therapist Signature _____ date _____