



Kathleen Eakins
Physical Therapy

Medical History

Please answer the following questions on a separate piece of paper and bring it in with you to your first physical therapy session.

- What is your current physical complaint?
- What do you feel is the cause or reason for the problem?
- Please list any previous injuries or accidents.
- Please list any surgeries you may have had.
- Please list any significant illnesses you may have had ie: pneumonia, flu etc.
- How would you rate your gastrointestinal health? poor/fair/excellent
- Please list any allergies or sensitivities you may have.
- Please list any places of foreign travel and pertinent dates.
- Please list any medications you are currently taking.
- Please list any vitamins or supplements you may be taking.
- Please give a brief vaccination history.
- Please give a brief dental history.

Pain Level

- Please rate your level of pain on a scale of 1-10 with 1 being the least severe and 10 the most severe.
- Please describe the nature of your pain or discomfort.

Activity Level

- What is your normal activity level, and what types of activities do you participate in?
- What percentage of your normal activity level are you currently able to participate in?
- Please list areas where you are limited in function and by how much?

Goals

- What are your goals for physical therapy? Please list three goals that you would like to achieve and how you will know that you have achieved them.