MONTCLAIR
PHYSICAL THERAPY & WELLNESS
6125 Medau Place ■ Oakland, California 94611 ■ 510.339.2116 ■ Fax: 510.339.0647 ■ www.montclairpt.com ■ clinic@.montclairpt.com

Patient History

Name_____ **Sex** _____ **Date of Birth**_____

1. **Have you ever had?:** (Check one) (If Yes, please explain)

High Blood Pressure	❑ No ❑ Yes	_____
Heart or Circulation Disorders	❑ No ❑ Yes	_____
Seizures	❑ No ❑ Yes	_____
Dizzy Spells	❑ No ❑ Yes	_____
Diabetes	❑ No ❑ Yes	_____
Cancer	❑ No ❑ Yes	_____
Arthritis/Osteoarthritis	❑ No ❑ Yes	_____
Osteoporosis	❑ No ❑ Yes	_____
Immune Deficiency Disease	❑ No ❑ Yes	_____
Other	❑ No ❑ Yes	_____

2. **Please list surgeries you have had** (give procedures and dates, if possible).

_____

_____

_____

3. **Please list recent diagnostic studies** (e.g., CAT-Scan, MRI, X-rays). _____

_____

_____

4. **Do you have any METAL anywhere in your body (other than teeth)** (e.g., pins/plates post-fracture, or pacemaker)**?** ❑ No ❑ Yes

If yes, please describe: _____

_____

5. **(For women only) Are you now pregnant?** ❑ No ❑ Yes

Date of last menstrual cycle __/__/__

Please turn over and complete reverse side.

6. **Do you have any abnormal vision problems?** ❑ No ❑ Yes
   If yes, please describe: _____
   _____

7. **Do you have any abnormal hearing problems?** ❑ No ❑ Yes
   If yes, please describe: _____
   _____

8. **List any allergies you have:**
   _____
   _____

9. **Have you ever taken steroids or anti-coagulants for an extended period of time?** ❑ No ❑ Yes

10. **Have you had an unusual weight gain or loss lately?** ❑ No ❑ Yes

11. **Have you experienced any recent loss of bowel or bladder control?** ❑ No ❑ Yes

12. **List medications you are now taking:** _____
    _____
    _____
    _____

13. **Have you ever had physical therapy treatments before?** ❑ No ❑ Yes
    If Yes, please indicate where, when, and for what problem: _____
    _____
    _____

14. **Describe briefly the nature and history of your present *accident, injury, or illness*.**
    Onset date:_____ Description:_____
    _____
    _____
    _____

15. **Date of next doctor appointment:** __/__/__

16. **How did you hear about us?**
    ❑ Doctor ❑ Friend ❑ Internet ❑ MPTW Offer ❑ *Montclarion* ❑ *East Bay Express* ❑ Mailing
    ❑ Walk-by/Signage ❑ Insurance Company ❑ Radio Ad ❑ Yellow Pages ❑ Print Ad ❑ Other

Please turn over and complete reverse side.