Personal History

Please list all medications you are currently taking _____

_____

Please describe all prior surgeries _____

_____

Please describe all prior injuries and approximate dates _____ _____

_____ _____

Please list all congenital disorders that you are aware of _____ _____

_____

Please list any other health concerns, in addition to your present complaint _____

_____

Present Complaints

Main Complaint (describe) _____

Nature of symptoms (stiffness, numbness, sharp, etc.) _____

Does your pain radiate, or is it local? (describe) _____ _____

How often do you have pain? _____

On a scale of 0-10, what is your pain level (0=normal, 10 =excruciating) _____

What makes it better? _____

What makes it worse? _____

Second Complaint (describe) _____

Nature of symptoms (stiffness, numbness, sharp, etc.) _____

Does your pain radiate, or is it local? (describe) _____ _____

How often do you have pain? _____

On a scale of 0-10, what is your pain level (0=normal, 10 =excruciating) _____

What makes it better? _____

What makes it worse? _____

Authorization for Release of Medical Information

This authorization or photocopy hereof will authorize my other providers to furnish all information they may have regarding my condition while under your observation and treatment. This includes any history obtained, X-rays and physical findings, diagnosis and prognosis, and the results of any physiological, neurological, or other diagnostic examinations performed by you or other members of your staff at your facility.

You are authorized to provide this information in accordance with the request of Wellspring Physical Therapy, Inc., 509 North College Avenue, Fayetteville, AR 72701.

Signature _____ **Date** _____

Parent/Guardian (if minor) _____ **Date** _____