ONE POINT PHYSICAL THERAPY

867 Greenwood Ave NE
Atlanta, GA 30306
404-600-4627

PATIENT INFORMATION

First Name: _____ MI: _____ Last:_____

Phone: _____ Work: _____

Marital Status: ☐Single ☐Married ☐Widowed ☐Divorced ☐Other Sex: ☐Male ☐Female

Social Security Number: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Would you like appointment reminders? ☐Yes ☐No If yes; ☐Text ☐Email

How did you hear about us? ☐Doctor ☐Friend ☐Website ☐Attorney ☐Other_____

Employment Status: ☐Full time ☐Part Time ☐Other (please describe): _____

Employer: _____ Job Title: _____

PHYSICIAN INFORMATION

Did your doctor refer you? ☐Yes ☐No

Referring Provider:_____ Phone:_____

Reason for Referral:_____

Other physicians you see:_____ Specialty:_____

EMERGENCY CONTACT INFORMATION

Name:_____ Relationship:_____

Home/Cell Phone:_____ Work Phone: _____

ONE POINT PHYSICAL THERAPY
867 Greenwood Ave NE
Atlanta, GA 30306
404-600-4627

ONE POINT PHYSICAL THERAPY

867 Greenwood Ave NE
Atlanta, GA 30306
404-600-4627

INSURANCE INFORMATION

Insurance Company Name:_____ DOB of Guarantor:_____

Insured Party: ☐ Self ☐ Spouse ☐ Parent ☐ Employer ☐ Other

Secondary Insurance information (if applicable)

Secondary Insurance Name:_____ Phone Number: _____

PATIENT HISTORY

Reason for Today's Visit: _____

When did the problem begin?_____ Date of Surgery (if applicable): _____

Have you been treated for this condition before? ☐Yes ☐No

If yes, when and by whom? _____

Is today's visit related to an accident? ☐Yes ☐No Date of Accident:_____

Where did it happen? ☐Car ☐Work ☐Other: _____

MEDICAL HISTORY

Check all that apply:

☐Allergies	☐Anxiety	☐Osteoarthritis
☐Smoker	☐Asthma	☐Seizures
☐Heart Disease	☐High/Low Blood Pressure	☐Pacemaker
☐Heart Attack	☐Fibromyalgia	☐Headaches
☐Metal Implants	☐Osteoporosis/Osteopenia	☐Stroke
☐Autoimmune Disorder	☐Cancer	☐Diabetes
☐Circulatory Problems	☐Kidney Problems	☐Latex Allergy
☐Multiple Sclerosis	☐Parkinson's Disease	☐HIV

ONE POINT PHYSICAL THERAPY
867 Greenwood Ave NE
Atlanta, GA 30306
404-600-4627

ONE POINT PHYSICAL THERAPY

867 Greenwood Ave NE
Atlanta, GA 30306
404-600-4627

Have you had any of the following:

☐ XRay ☐ MRI ☐ Bone Scan ☐ CT Scan ☐ Nerve Conduction ☐ Other

Please list prior surgeries with approximate dates: _____

_____

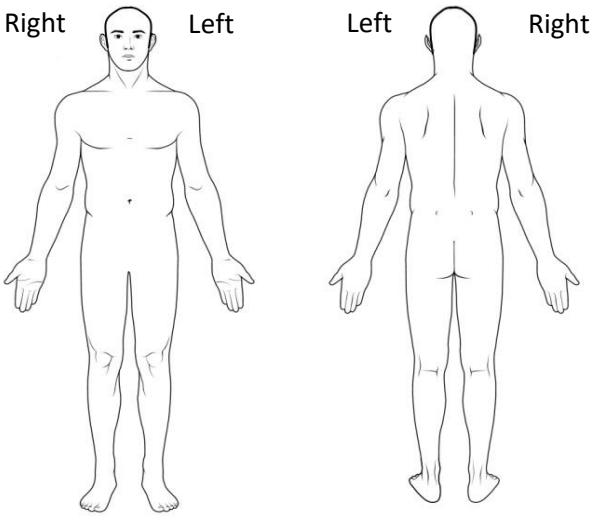
Are you or could you be pregnant? ☐ Yes ☐ No

Have you had two or more falls in the past year? ☐ Yes ☐ No

Have you been injured from a fall? ☐ Yes ☐ No

In the past month have you been feeling down, depressed or hopeless? ☐ Yes ☐ No

Please indicate on the diagram below where you are currently having pain:



Pain Scale

No Pain Emergency Room

0 1 2 3 4 5 6 7 8 9 10

What is your pain level at it's worst?_____
What is your pain level at it's best?_____
What is your pain level today? _____

ONE POINT PHYSICAL THERAPY
867 Greenwood Ave NE
Atlanta, GA 30306
404-600-4627