ONE POINT PHYSICAL THERAPY

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

Current Complaints

Patient's Name: _____ **Date of Birth:** _____

Reason for Today's Visit: _____

When did the problem begin? _____

Date of Surgery (if applicable): _____ Referring Provider: _____

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: _____

Have you had any of the following:

☐ XRay ☐ MRI ☐ Bone Scan ☐ CT Scan ☐ Nerve Conduction ☐ 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	☐ HIV	☐ Stroke
☐ Cancer	☐ Diabetes	☐ Autoimmune Disorder
☐ Circulatory Problems	☐ Kidney Problems	☐ Latex Allergy
☐ Multiple Sclerosis	☐ Parkinson's Disease	☐ Osteoporosis/Osteopenia

Please list prior surgeries with approximate dates: _____

_____

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

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

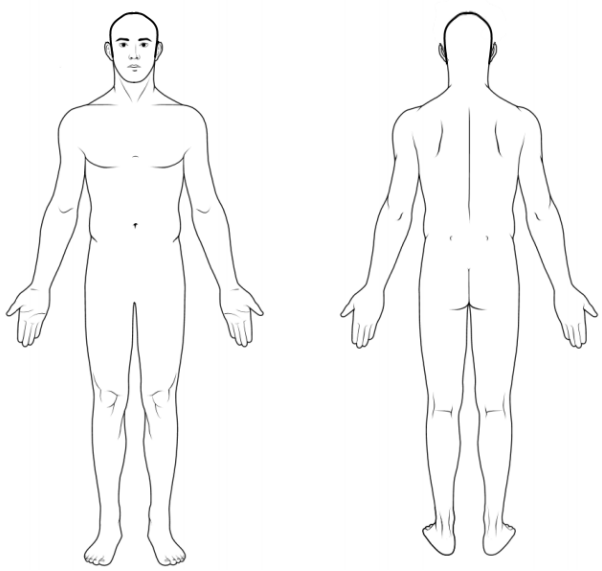
Are you or could you be pregnant? ☐ Yes ☐ No

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? _____