

ORTHOFLEX PHYSICAL THERAPY & REHABILITATION, P.C.
158-03 91st Street • Howard Beach • NY, 11414 • (718) 848- 9400 Fax (718) 848-7934

PATIENT INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL
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RESPONSIBLE PARTY	RELATIONSHIP
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ADDRESS	CITY	STATE	ZIP CODE
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HOME PHONE	CELL PHONE	BUSINESS PHONE
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SS#	DATE OF BIRTH	AGE	SEX: M/F
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OCCUPATION	EMPLOYER
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NAME OF MEDICAL DOCTOR	TELEPHONE NUMBER
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EMERGENCY CONTACT NAME	RELATIONSHIP	TELEPHONE NUMBER
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WHO MAY WE THANK FOR REFERRING YOU TO US?

RESPONSIBLE PARTY IF OTHER THAN PATIENT:

LAST NAME	FIRST NAME	MIDDLE INITIAL
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ADDRESS	CITY	STATE	ZIP CODE
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HOME PHONE	CELL PHONE
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Please list any medications that you are currently taking: _____

Please list any past surgeries/hospitalization (with dates): _____

Please circle any of the following that are in your past and or current health history:

Asthma	Short of Breath	Coronary Artery Disease	Chest Pain
Pacemaker	High Blood Pressure	Heart Attack	Heart Surgery
Stroke or TIA	Blood clot or Emboli	Epilepsy or Seizures	Thyroid trouble or Goiter
Sleeping Problems	Emotional/Psychological	Headaches Numbness/Tingling	Blurred Vision
Dizziness of Fainting	Weakness	ringing in the Ears	Weight Loss
Light sweats	Hernia	Varicose Veins	Allergies
Anemia	Infectious Disease	Neurological Problems	Diabetes
Metal Implants	Cancer	Smoking	Arthritis/swollen joints
Osteoporosis	Incontinence	Are your pregnant?	Other: _____

Please list 3 goals that you would like to achieve while in physical therapy:

1. _____
2. _____
3. _____

Signature

Date

FOR PT USE ONLY:

I have read and reviewed the medical history of _____

Physical Therapist Signature

Date