240 Red Tail Dr.
Suite 3 & 4
Orchard Park, NY 14127
Phone: 716-674-9600
Fax: 716-674-9700

4535 Southwestern Blvd
Suite 805 & 806
Hamburg, NY 14075
Phone: 716-648-8700
Fax: 716-648-0400

# Patient information

Name: ______________________________________________ Age: _________________

Medical History (past or present) Please check all that apply

| | | | |
|---|---|---|---|
| ___heart condition | ___diabetes | ___high blood pressure | ___lupus |
| ___asthma | ___epilepsy | ___rheumatoid arthritis | ___stroke |
| ___cancer/tumor | ___osteoporosis | ___pacemaker/defibrillator | ___COPD |

___other: ___________________________________________________________________

Pertinent Surgeries: ____________________________________________________________

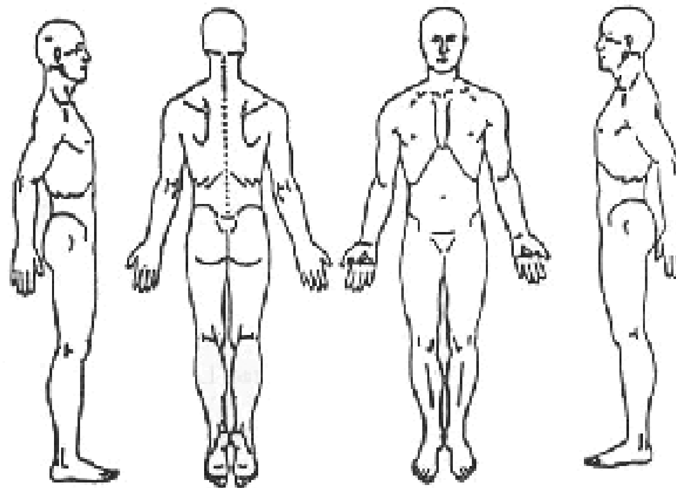
Current medication:

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

Pain Diagram: (Please Mark Symptoms)



Pain Scale: Within last 2 weeks (0 = no pain, 5 = medium pain, 10 = emergency room pain)
Pain at best: ______/10
Pain at worst: ______/10

Please list any specific goals for physical therapy:

_______________________________________________________________________________