

**MEDICAL HISTORY:**

Name: \_\_\_\_\_

Next MD Appt. Date: \_\_\_\_\_

Prior problems with:    Heart    Blood Pressure    Fractures    Cancer    Diabetes  
 Other: \_\_\_\_\_

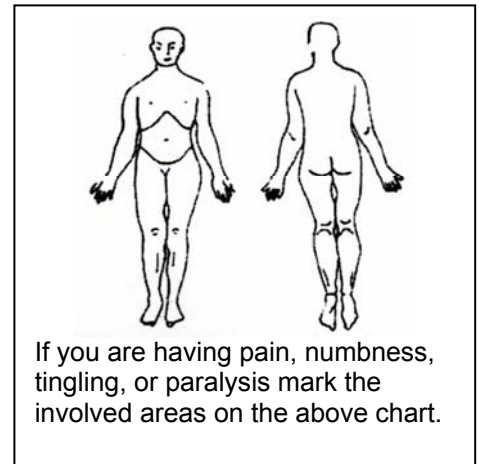
Do you have a:    Pacemaker    Metal Implants    Other Concerns: \_\_\_\_\_

Are you pregnant? Y / N

Height \_\_\_\_\_ Weight \_\_\_\_\_

List medications currently used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe your current problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Are you a previous patient? Y / N

**PLEASE FILL OUT THE FOLLOWING:**

How did you found out about Battle Ground/ Ridgefield Physical Therapy?

*Check all that apply:*

- I was a previous patient
- Family member/friend recommended
- Doctor/Physician's Assistant/Nurse Practitioner recommended
- Hospital staff or doctor's staff recommended
- Yellow Pages
- Internet
- Saw sign in front of office
- Other? \_\_\_\_\_

Name of person who recommended our office? (Optional) \_\_\_\_\_

What were the reasons you chose Battle Ground/ Ridgefield Physical Therapy?

- I came here before.
- I like the convenient location.
- I like the hours the office is open.
- The fees are lower than elsewhere.
- Recommended by others.
- Other? \_\_\_\_\_

*We realize you have the legal right to choose any physical therapy office. We sincerely appreciate you putting your trust in our care. We will try to live up to your expectations. If you ever have any concerns or comments, please share these with your therapist or the clinic director. Thank you.*