



Parmenter Physical Therapy
 1582 W. San Marcos Blvd Suite 105
 San Marcos, CA 92078
 760.203.8474 Fax: 760.780.1589
 bparrnenter.rehab@gmail.com

Medical History /Screen

Patient Name: _____ Today's Date _____

Have You Ever Had Trouble With/ Been Diagnosed With?

Heart Trouble	Y	N
Circulatory Trouble	Y	N
High Blood Pressure	Y	N
Dizzy Spells	Y	N
Diabetes	Y	N
High Cholesterol	Y	N
Thyroid	Y	N
Other illness	Y	N

Please Describe Other Illness _____

Do you have problems with?

Your Hearing	y	N
Your Vision	y	N
Iffemale, are you pregnant?	y	N

Please list current medications _____

Have you had major surgeries?

Please list surgery/date _____

Have you ever been treated for this condition before? Y N
 If yes, explain _____

Have you ever had Physical Therapy before? Y N
 When _____ Result _____

Please list any other information that you feel would be helpful to your therapist

Please describe your pain : _____

Indicate where you have pain /symptoms

Pain Level from 0 -10 (10 being unbearable) 1 2 3 4 5 6 7 8 9 10

Nature: _____ Burning

_____ Tingling _____ Sharp _____ Ache _____ Shooting

_____ Intermittent _____ Constant _____ Numbness

Signature X _____

Date _____

