

**PLEASE PRINT CLEARLY**

## HISTORY & PHYSICAL

Patient's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

How were you referred to our office? \_\_\_\_\_ Date of Injury \_\_\_\_\_

Body Part Injured \_\_\_\_\_ Sex  Male  Female  Right or  Left Handed

How did this injury occur? \_\_\_\_\_

**PAST MEDICAL HISTORY** Work Comp Injuries \_\_\_\_\_

Non Work Comp Injuries \_\_\_\_\_

Previous Surgeries \_\_\_\_\_

Medical Conditions Circle all that apply: **None** **Ulcer** **Stroke** **Heart Attack** **High Blood Pressure** **Diabetes** **Depression**  
Musculoskeletal or Other \_\_\_\_\_

Current Medications \_\_\_\_\_

Drug Allergies \_\_\_\_\_ Other Allergies \_\_\_\_\_

Family Medical History \_\_\_\_\_

Childhood Diseases check all that apply:  Chickenpox  Measles  Mumps Other \_\_\_\_\_ Last Tetanus \_\_\_\_\_

**Social History** Marital Status **S** **M** **D** **W** Pregnancies \_\_\_\_\_ Births \_\_\_\_\_ Last Period \_\_\_\_\_

Tobacco Use \_\_\_\_\_ pk/day Alcohol  None  Rare  Occasional  Moderate  Daily Drug \_\_\_\_\_ Primary Language \_\_\_\_\_

**Work History** Job Title \_\_\_\_\_ Length of Employment w/Current Employer \_\_\_\_\_

Description of Work \_\_\_\_\_

Previous Job Activities \_\_\_\_\_

**Physician** Current Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

The above information provided is true and complete to the best of my knowledge.

\*\*\*Signature \_\_\_\_\_ Date \_\_\_\_\_

**Physical Findings:**

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ Vital Signs BP: \_\_\_\_\_ P: \_\_\_\_\_ RR: \_\_\_\_\_ TEMP: \_\_\_\_\_

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Diagnosis: 1. \_\_\_\_\_  
2: \_\_\_\_\_  
3: \_\_\_\_\_

EXAMINER : \_\_\_\_\_ DATE: \_\_\_\_\_ HISTORY VERIFIED BY: \_\_\_\_\_