



PRE-EXAMINATION FORM

Name _____ Date _____

Age _____ Height _____ Weight _____ Sex (Male / Female)

Occupation _____ Working (YES / NO)

Are you currently experiencing pain? (YES / NO) Location(s) _____

How long have you had pain? _____ Have you experienced this before? (YES / NO)

On a scale of "0" to "10" where 0 = no pain and 10 = worst pain imaginable, please circle **ONE** NUMBER

0 1 2 3 4 6 7 8 9 10

Please list your current active medications and dosage:

Medical History (Please Circle All That Apply):

- | | | | |
|-------------------------------|----------------------|-------------------------|--------------------|
| Abnormal Bleeding | Anemia | Artificial Heart Valve | Cancer |
| Diabetes | Emphysema | Fainting | Glaucoma |
| Heart Murmur | High Blood Pressure | | Hepatitis (A B C) |
| Liver Disease | Pacemaker | Shingles | Stroke / TIA |
| Ulcers | Asthma | Difficulty Breathing | Arthritis |
| Heart Defect | Heart Failure | Epilepsy | Headaches |
| Heart Attack | HIV/AIDS | Coronary Artery Disease | Joint Replacement |
| Renal Disease | Rheumatoid Arthritis | | Sinus Problems |
| Sexually Transmitted Diseases | | Thyroid Disease | Sickle Cell Anemia |

Other: _____



**PHYSICAL THERAPY
& WELLNESS**
PREVENT. PRESERVE. PROGRESS.

360 Physical Therapy & Wellness
11830 West Market Place Suite D
Fulton, MD 20759
Phone: 301.957.2564
Fax: 301.957.2565

Please list any surgeries and their respective dates:

Terms of Service:

I, the undersigned, certify that I have insurance coverage, and assign directly to 360 Physical Therapy & Wellness all insurance benefits, if any otherwise payable to me for services rendered. I consent to the diagnostic procedures and treatment by the physical therapist necessary to treat my condition(s). I acknowledge that the information provided is accurate and to the best of my knowledge and that this information will be held under the strictest confidence under HIPAA regulations.

Name (Patient) _____

Name (Parent / Guardian, if applicable) _____

Signature _____ Date _____