

Lara Langdon PT, DPT

Patient Questionnaire/ History

Name: _____ Phone: _____

Email: _____

What is your Chief Complaint?

What makes your symptoms worse?

What makes your symptoms lessen?

Medical History

Has this problem affected your daily life or routine? Please describe:

Have you had past similar episodes of this current problem? Yes/ No

If yes, were you treated with (circle) physical therapy, acupuncture, M.D. (meds, injections) massage, chiropractor, pilates, general exercise, exercise with trainer, self medicated (Advil/ rest)?

Did they help to alleviate your symptoms? _____

Have you undergone any special tests for this condition? (X-rays, MRI's, ETC) If yes, do you know the results?

Please answer the following questions: Yes/ No

1) Do the current problems interrupt your sleep?
2) Do your symptoms change with coughing or sneezing?
3) Have you had any recent changes in bowel or bladder function?
4) Do you experience any dizziness or vertigo?
5) Have you had any recent change in your weight or appetite?
6) Do you have any intolerance to hot or cold?
7) Do you have any bruising or bleeding disorders?
8) Have you had any skin changes, such as rashes or discoloration?
9) Have you experienced any changes in your vision, such as blurring, double vision, or decrease in your visual fields?
10) Have you had a recent episode of nausea/vomiting?
11) Are you pregnant?
12) Do you have osteoporosis? Date of your last bone scan:
13) Do you have any allergies?
14) Have you noticed any shortness of breath or decrease in exercise tolerance?
15) Do you use any assistive device?
16) Do you have high blood pressure?
17) Do you have any cardiac problems?
18) Do you have diabetes?
19) Have you ever had cancer of any sort?
20) Do you have a history of neck or back problems?

Past surgeries ___ yes ___ no

Please list with dates

List the medications you are currently taking (over the counter and prescription): _____

Sports and Exercise (Type, Frequency, Duration)

Who can I thank for this referral?

I understand I am responsible for payment at the time of service.

Signature: _____

Date: _____