



Phone 330-212-8-7800 33

Moving Forward Mobile Therapy  
phone 330-212-7800  
www.katie.mobiletherapy@gmail.com

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Chief Complaint/Problem

When did this problem begin?

Is this problem affecting your daily tasks and routine? \_\_\_\_\_  
\_\_\_\_\_

Do you have pain? Where?

Rate your pain with 0 being no pain and 10 being the worst pain \_\_\_\_\_

Describe your pain \_\_\_\_\_

What activities make your pain worse? \_\_\_\_\_

Does your current problem affect your sleep? \_\_\_\_\_

Have you had a recent fall? \_\_\_\_\_

**Medical History**

Answer yes or no to the following:

History of Cancer \_\_\_\_\_

High Blood Pressure \_\_\_\_\_

Diabetes \_\_\_\_\_

Change in bowel or bladder \_\_\_\_\_

Cardiac condition \_\_\_\_\_

Osteoarthritis/Rheumatoid Arthritis \_\_\_\_\_

History of Stroke \_\_\_\_\_

Osteoporosis \_\_\_\_\_

Pacemaker \_\_\_\_\_

Neurological Disorder \_\_\_\_\_



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Please list any other medical history I should know about

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Please list your surgical history

Please list any allergies

Please list current medications you are taking

What activities do you enjoy doing?

**Please tell me 3 goals you would like to achieve with physical therapy**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Patient signature \_\_\_\_\_ date \_\_\_\_\_