



STEP UP Physical Therapy, PLLC

House Calls: Bringing the Clinic to Your Home!

Phone 303.909.9393

Fax 303.738.5544

www.stepuppt.com

Personal Information and Medical History

Name: _____ Date: _____ Age: _____ Date of Birth: _____

Height: _____ Weight: _____

Address: _____ City/State/Zip Code: _____

Home Phone #: _____ Alternate (circle: Cell or Work) _____ Email: _____

Emergency Contact (Name and Phone #): _____

Referring Physician: _____ Primary Care MD(if different): _____

Primary Insurance: _____ ID#/Group#: _____

Secondary Insurance: _____ ID#/Group#: _____

Reason for Physical Therapy: _____

How did this problem start? _____

Date of Onset: _____ Pain Intensity (0 to 10, where 0=none, 10=emergency): _____ /10

Have you had or are you scheduled for any diagnostic tests (X-ray, MRI, etc.)? _____

Have you received/ are you receiving any treatment for this problem (acupuncture, chiropractic, home health)? _____

Surgeries or past injuries (and dates): _____

Current Medications: _____

What activities are you limited in because of your problem? _____

What are your goals with Therapy? _____

Do you drink alcoholic beverages (circle one)? YES / NO If yes, how many per week? _____

Do you or have you smoked (circle one)? YES / NO If yes, how much? _____ Date quit _____



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Have you or an immediate Family Member experienced any of the following problems?	YOU		FAMILY	
	YES	NO	YES	NO
Bowel and Bladder Changes, or loss of control				
Numbness or Tingling				
Headaches				
Angina or chest pain				
Heart or Cardiac problems/ disease				
High Blood Pressure				
Shortness of Breath				
Unexplained Weight Loss				
Depression				
Anxiety				
Other Psychological Problems				
Cancer				
Diabetes				
Osteoporosis/Osteopenia				
Osteoarthritis				
Rheumatoid Arthritis				
Asthma / Hay fever				
Allergies				
Epilepsy / Seizures				
Stroke				
Parkinson's disease				
Multiple Sclerosis				
Tuberculosis				
Hepatitis A, B, or C				

Self related health question:

At the present time, would you say that your health is: excellent, very good, fair, or poor? _____

Is there anything else that you would like to share with us (circle one)? YES / NO If yes, explain _____
