

Suburban Physical Therapy

Accessibility. Experience. Results.

2132 Case Parkway North, Ste. A • Twinsburg, OH 44087 • P/ 330.963.2920 • F/ 330.963.2921

6950 South Edgerton Road • Brecksville, OH 44141 • P/ 440.746.1730 • F/ 440.746.1732

www.suburbanpt.com

Complimentary Injury Screening- Please print all information

LAST NAME		FIRST NAME		M.I.	NICKNAME
STREET ADDRESS		CITY		STATE	ZIP CODE
EMAIL ADDRESS:		BIRTHDATE	AGE	HEIGHT	WEIGHT
HOME PHONE # ()		CELL PHONE # ()		BUSINESS PHONE # ()	
CONTACT • YES • NO		CONTACT • YES • NO		CONTACT • YES • NO	
Emergency Contact: Name, Phone Number & Email Address					
Primary Care Physician:				Have you previously received physical therapy? • YES • NO If Yes, when _____ where _____	

MEDICAL HISTORY

List any allergies you have to drugs, food or other items:

List prior major injuries, illnesses or operations (include year):

List any current Medications/Vitamins/Supplements:

Female patients: Age at first period _____ Are your periods regular? (Please Circle) Yes No

Have you ever experienced urinary leakage when tumbling or jumping? (Please Circle) Yes No

Have you had any of the following illnesses: (Please Circle)

ADD/ADHD	Cancer	Headaches
Anemia	Chest Pain/Angina	Heart Disease/Murmur
Anxiety/Depression	Concussion	Liver Disease/Hepatitis
Asthma	Diabetes	Rheumatoid Arthritis
Blood Pressure High/Low	Eating Disorders	Seizures

I authorize the above provider to release medical information to my coach/trainer regarding my condition, in order to facilitate continued care.	
Date	Signature of Patient/Responsible Party

I authorize the above provider to perform a screening of my current injury or complaint. I understand that the Therapist will perform a series of evaluative tests which may involve range of motion and strength testing of specific body parts and joints. The Therapist may also perform certain manual therapy procedures or movements to evaluate your response and to determine your best course of treatment.	
Date	Signature of Patient/Responsible Party

*This form is valid for a year and will be properly disposed of after that point.