

MINDY COHEN, MSPT, CST
BURLINGTON, VT 05401

CLIENT INFORMATION

NAME: _____ DATE: _____

(PLEASE PRINT)

ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

PHONES: WORK: _____ HOME: _____ CELL: _____

EMAIL: _____ DATE OF BIRTH: _____

MALE: _____ FEMALE: _____

PATIENT STATUS: EMPLOYED _____ FULL-TIME STUDENT _____ PART-TIME STUDENT _____
SINGLE _____ MARRIED _____ OTHER _____

NAME OF SPOUSE OR PARTNER _____

EMERGENCY CONTACT: NAME _____ PHONE _____

IS YOUR CONDITION RELATED TO (CIRCLE ONE):

- | | | |
|-------------------|-----|----|
| a. EMPLOYMENT | YES | NO |
| b. AUTO ACCIDENT | YES | NO |
| c. OTHER ACCIDENT | YES | NO |

EMPLOYER'S NAME: _____ OCCUPATION: _____

PRIMARY CARE PHYSICIAN: _____ REFERRING PHYSICIAN: _____

DESCRIBE THE REASON YOU HAVE COME HERE AND THE SYMPTOMS YOU EXPERIENCING:

DATE OF INJURY OR ONSET OF ILLNESS _____ DIAGNOSIS _____

WHAT MAKES THE PROBLEM WORSE? _____

WHAT MAKES THE PROBLEM BETTER? _____

PAIN RATING 0-10 (0 = NO PAIN, 10 WORST PAIN IMAGINABLE) _____

WHAT OTHER TREATMENTS HAVE YOU RECEIVED FOR THIS PROBLEM? _____

LIST ALL MEDICATIONS: _____

LIST ANY ALLERGIES: _____

LIST AND DATE SURGERIES AND HOSPITALIZATIONS: _____

DATES AND TYPES OF LAST X-RAYS/CT SCANS OR MRI: _____

PLEASE INDICATE WHETHER YOU HAVE OR HAVE HAD ANY OF THE FOLLOWING CONDITIONS

- | | | |
|--|-----|----|
| 1. VISION OR HEARING PROBLEMS | YES | NO |
| 2. CARDIAC PROBLEMS (Heart attack, pacemaker, hi blood pressure) | YES | NO |
| 3. DIABETES | YES | NO |
| 4. CANCER | YES | NO |
| 5. THYROID PROBLEMS | YES | NO |
| 6. LUNG PROBLEMS (asthma, bronchitis) | YES | NO |
| 7. LIVER OR KIDNEY PROBLEMS | YES | NO |
| 8. PROBLEMS WITH THINKING OR MEMORY | YES | NO |
| 9. IF YOU ARE A WOMAN: | | |
| a. ARE YOU PREGNANT? | YES | NO |
| b. GYNECOLOGICAL INFECTIONS, CYSTS, FIBROMAS, IUD | YES | NO |

IS YOUR CONDITION CAUSING DIFFICULTY WITH ANY ACTIVITIES LISTED BELOW? (PLEASE CIRCLE):

SITTING	STANDING	LAYING DOWN	WALKING	STAIRS	DRIVING
SLEEPING	LIFTING	HOUSEWORK	SELF-CARE	COOKING	SPORTS
WORK	SHOPPING	OTHER: _____			

IS THERE ANYTHING ELSE THAT YOU WOULD LIKE ME TO KNOW? _____

WHAT DO YOU HOPE TO ACHIEVE FROM OUR WORK TOGETHER? _____