GUTHRIE COUNTY HOSPITAL
An Affiliate of UnityPoint Health

Physical Therapy Department
710 North 12th Street
Guthrie Center, Iowa 50115
Phone: 641.332.3810
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CURRENT PROBLEM: _____

Date of injury or start of condition: _____

What happened? Briefly describe your current problem: _____

_____

Are you receiving Home Health care?	Yes	No
Have you received any Physical Therapy services this year?	Yes	No

MEDICAL HISTORY: Please circle any past or current medical conditions you may have:

Cardiac Heart Failure	Cancer	Stroke
Pacemaker	High Blood Pressure	Head Injury
Cardiovascular Disease	Diabetes	Neck and Back Pain
COPD	Gout	
Irregular Heart Rate	Arthritis	

Other _____

Have you had any surgery? Yes No
Please list: _____

Do you have any allergies? Yes No
Please list: _____

Do you have a history of falling? Yes No

Do you have dizziness or vertigo? Yes No

Do you have balance problems Yes No

Are you taking any medications? Yes No
Please list: _____

PAIN:

On a scale of 0 - 10, circle the number that best describes the intensity of your pain **right now**.
0 = no pain and 10 = worst pain you can imagine.

0 1 2 3 4 5 6 7 8 9 10

Circle the number that best describes the intensity of your pain when it is at its **worst**.

0 1 2 3 4 5 6 7 8 9 10

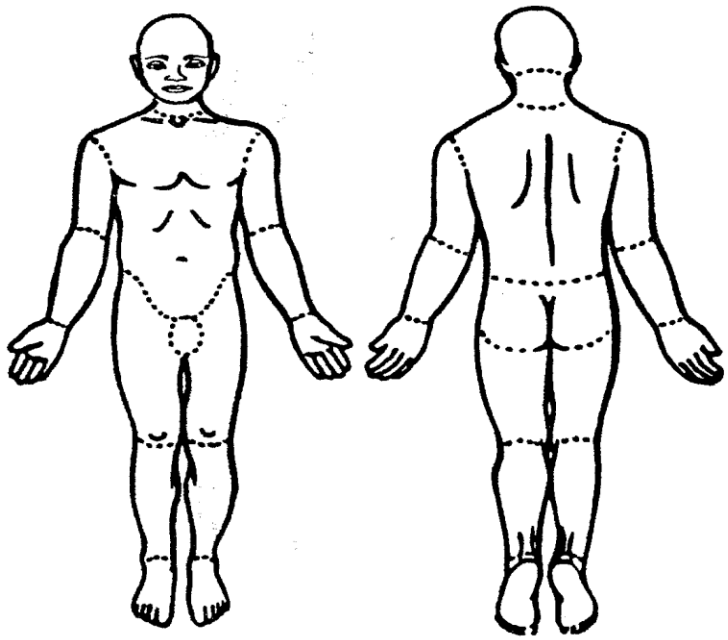
Circle the number that best describes the intensity of your pain when it is at its **least**.

0 1 2 3 4 5 6 7 8 9 10

Patient Identification

PAIN DRAWING:

Mark the area(s) you are experiencing pain or current symptoms:



Circle the word that best describes your pain:

Aching

Numbness

Pins and Needles

Burning

Stabbing

Dull

Other:_____

Occupation: _____ Currently able to work? Yes No

Recreational activities/hobbies: _____

_____ Currently able to perform? Yes No

Patient Goal(s): _____

_____

Patient Identification