Buffalo Grove Physical Therapy & Sports Rehabilitation, P.C.
125 E Lake Cook Rd, Suite 209
Buffalo Grove, IL 60089
Phone: (847) 520-3382 | **Fax:** (847) 520-3404 | **info@bgpt.net**

PATIENT HISTORY INFORMATION

NAME: _____ HOME PHONE: _____

WORK PHONE: _____ ADDRESS: _____

CITY: _____ ZIP: _____

ATTENDING PHYSICIAN: _____ NEXT DR APPT DATE: _____

DIAGNOSIS: _____

MEDICATIONS: _____

WHEN AND HOW INJURY OCCURRED: _____

IN CASE OF EMERGENCY, NOTIFY: _____

PHONE: _____

HAVE YOU HAD OR DO YOU CURRENTLY HAVE:

CONDITION	**YES**	**NO**	**SPECIFY**
Heart condition (bypass, pacemaker, high blood pressure)	_____	_____	_____
Tumor(s) / Cancer	_____	_____	_____
Seizures / Epilepsy	_____	_____	_____
Surgery	_____	_____	_____
Stroke	_____	_____	_____
Diabetes	_____	_____	_____
Vision, Hearing, Sensation	_____	_____	_____
Impairment	_____	_____	_____
Respiratory Disorders	_____	_____	_____
Blood Disorders	_____	_____	_____
Metal or Plastic Implant(s)	_____	_____	_____
Current Pregnancy	_____	_____	_____
Allergies	_____	_____	_____

Please describe your chief complaint: _____

DATE: _____ PATIENT: _____