



**ALISO VIEJO PHYSICAL THERAPY AND SPORTS MEDICINE**  
**PATIENT INFORMATION AND MEDICAL HISTORY**

<b>NAME:LAST:</b>		<b>FIRST:</b>	<b>MIDDLE:</b>	
<b>ADDRESS:STREET</b>		<b>CITY :</b>	<b>STATE :</b>	<b>ZIP:</b>
<b>SS#:</b>	<b>AGE:</b>	<b>DATE OF BIRTH:</b>		
<b>PHONE: (H)</b>	<b>HEIGHT:</b>	<b>DATE OF INJURY:</b>		
<b>PHONE: (W)</b>	<b>WEIGHT:</b>	<b>DATE OF SURGERY:</b>		
<b>EMAIL:</b>	<b>INSURED'S EMPLOYER:</b>			
<b>OCCUPATION:</b>		<b>REFERRING PHYSICIAN:</b>		
<b>INSURANCE CARRIER:</b>		<b>INSURANCE PHONE #:</b>		
<b>NAME OF INSURED:</b>		<b>RELATION TO PATIENT:</b>		
<b>INSURED I.D. #:</b>		<b>GROUP #:</b>		
<b>WERE YOU INJURED AT WORK?</b>	<b>YES OR NO</b>	<b>AUTO ACCIDENT?</b>	<b>YES OR NO</b>	
<b>ARE OFF WORK DUE TO INJURY?</b>	<b>YES OR NO</b>	<b>DATE LAST WORKED:</b>		
<b>DO YOU HAVE AN ATTORNEY?</b>	<b>YES OR NO</b>	<b>NAME OF ATTORNEY:</b>		

**IN CASE OF EMERGENCY, PLEASE CONTACT:**

<b>NAME:</b>	<b>TELEPHONE:</b>
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HAVE YOU EVER HAD PHYSICAL THERAPY BEFORE? YES OR NO

DO YOU NOW HAVE OR EVER HAD ANY OF THE FOLLOWING?

HIGH BLOOD PRESSURE	YES OR NO	DIABETES	YES OR NO
KIDNEY PROBLEMS	YES OR NO	HEART DISEASE	YES OR NO
NERVOUS DISORDERS	YES OR NO	HEART ATTACK	YES OR NO
PACEMAKER	YES OR NO	CHRONIC HEADACHES	YES OR NO
SENSITIVE HEAT/ICE	YES OR NO	PREGNANT NOW	YES OR NO
OTHER ALLERGIES	YES OR NO	HERNIA	YES OR NO
METAL IMPLANTS	YES OR NO	SEIZURES	YES OR NO
PREVIOUS SURGERY	YES OR NO	CANCER	YES OR NO

IF YES ON ANY OF THE ABOVE, PLEASE LIST AND PROVIDE DATES:

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ARE YOU CURRENTLY TAKING ANY MEDICATION? YES OR NO LIST:

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**AUTHORIZATION OF TREATMENT / ASSIGNMENT OF BENEFITS**

I hereby authorize physical therapy treatment to be performed at Aliso Viejo Physical Therapy and Sports Medicine, 27432 Aliso Creek Road, First Floor, Aliso Viejo, CA 92656. I hereby irrevocably assign and transfer the insurance benefit payment, both basic and major medical to which I am entitled, directly to Aliso Viejo Physical Therapy. I am financially responsible for the charges not covered by this assignment.

**SIGNATURE** \_\_\_\_\_ **WITNESS** \_\_\_\_\_ **DATE** \_\_\_\_\_