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Please tell us about your medical history. Do you now, or have you ever had a problem with any of the following? (if YES, please explain in the space provided):

NO YES

- Hearing/Vision/Speech _____
- Arthritis _____
- Bone/Muscle/Joint Injury or Surgery _____
- Heart/Lungs/Blood Pressure _____
- Cancer _____
- Diabetes _____
- Thinking/Memory _____
- Other medical problems not listed? _____
- Women: Are you pregnant? _____

Height: _____ Weight: _____

Do you have pain today? Yes No

If yes, please rate your pain:

0	1	2	3	4	5	6	7	8	9	10
No pain				Moderate pain				Worst pain		

Please list the following:

Medications: _____

Allergies: _____

Occupation/Job Duties (if retired or not working, please state): _____

Other activities/hobbies: _____

What injury/problem brings you to PT today? _____

Patient/Guardian Signature

Date