

**Andrus Physical Therapy
Pediatric Center
804 West Park Ave, Bldg C
Phone: (732) 493-1166
Fax: (732) 493-1188**

MEDICAL HISTORY

Child Name: _____ **SS#** _____

Parent/Guardian Name: _____ **SS#** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Sex: ___ **Male** ___ **Female** **Date of Birth:** _____ **Age:** _____

Have you have any history of or currently experiencing any of the following conditions, please check off the appropriate lines.

High Blood Pressure _____

Coronary Artery Disease _____

Heart Attack _____

 If yes, at what age? _____

High Cholesterol _____

Heart Murmur _____

Lung Disease _____

Asthma _____

Hepatitis _____

Rheumatoid Arthritis _____

Osteoarthritis _____

Epilepsy _____

Seizures _____

Multiple Sclerosis _____

Stroke _____

 If yes, at what age? _____

Parkinson's _____

Osteoporosis _____

Kidney Disorders _____

Diabetes _____

Migraine Headaches _____

TMJ _____

Cancer _____

 If yes, what type? _____

Please list any operations and year completed:

Please list any allergies: _____

Please list any medications you are currently taking: _____

Please describe your child's symptoms, complaints or difficulties

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MEDICAL HISTORY INFORMATION CONTINUED

Please describe any pertinent birth history:

What do you hope to get out of physical therapy / patient goals:

Are you currently involved in any recreational or competitive exercise/sport? If yes what type? _____

Has a doctor or any health care provider ever restrict you from participating in any exercise program and/or sport? If yes, for what reason? _____

IN CASE OF EMERGENCY, PLEASE PROVIDE A CONTACT PERSON:

Name: _____ **Relationship:** _____

Home phone: _____

Work or other phone: _____

I HAVE READ THE ABOVE STATEMENTS AND HAVE ANSWERED THEM TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT I AM RESPONSIBLE TO IMMEDIATELY NOTIFY Andrus Physical Therapy, LLC OF ANY CHANGE(S) IN MY MEDICAL HISTORY, MEDICATIONS, PERSONAL INFORMATION, ETC.

Signature of patient or responsible party: _____ **Date:** _____