Welcome to The League Sports Rehab

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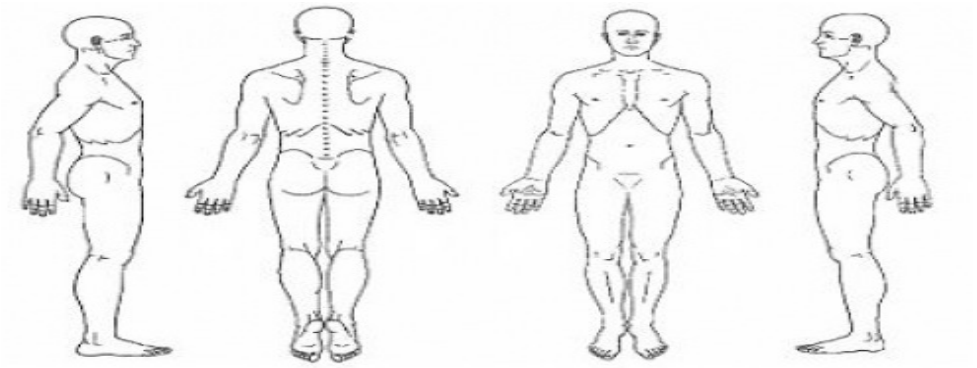
New Patient Forms

Name: _____ Date:_____
Address:_____ City:_____ State: _____ Zip:_____
Cell Phone:(___) _____Home Phone: (___) _____Work Phone: (___) _____
E-mail Address: _____
Sex: Male Female Height:_____ Weight:_____ Age:____ Birthdate: ____/____/_____
Status: Married Single Widowed Divorced Number of Children:_____
Occupation: _____ Employer: _____ Yrs. Employed: _____
Emergency Contact:_____ Phone: (___) _____
Personal Responsible for Account: (Self -Health Insurance-Personal Injury-Other)_____
Referred By: (Doctor/Chiro/Trainer/Coach/Friend/Family/Internet) :_____

Using The Body Charts Below, Please Circle All Affected Areas:



Reasons for Today's Visit (circle) New Injury Old Injury Chronic Pain Sports Injury Wellness Other
What Is Your Primary Complaint: _____
Additional Complaint(s):_____
Currently Experiencing Pain: (Y N) Rate Your Pain Level: No Pain 1-2-3-4-5-6-7-8-9-10 Intense Pain
When Did Your Injury Occur: ___/___/____ Where Did Your Injury Occur?:_____
How Did Your Injury Occur?_____
Is Your Condition Getting Worse?: (Yes No) Feel It: Constant Frequent Intermittent Occasional Rarely
Has This Injury Happened In The Past? (Yes No) If Yes, Please Explain _____
Have You Seen Other Practitioners For This Condition? (Yes No) Diagnosis:_____
Medical Doctor_____ Chiropractor_____ Osteopath_____Acupuncture_____
Podiatrist_____ Physical Therapist_____ Naturopath _____ Other_____
Would You Like Us To Update Your Primary Doctor To Update On Condition and Treatment? (Y or N)
If Yes, Please Leave Your Doctor's Name And Contact Info:_____
Are You Taking Any Medications? (Yes No) If Yes, What:_____
Are You Taking Any Non-Prescription Drugs? (Yes No) If Yes, What:_____
Are You Taking Any Pain Medications? (Yes/No) _____Are You Informed Of Their Risk (Yes/No)
Do You Take Dietary Supplements Or Vitamins? (Yes No) If Yes, What:_____
Average Number of Hours per Day Spent: Seated: ____ Commuting: ____ Exercising: ____ Sleeping:____
What Weekly Forms Of Activity, Fitness, And Recreation Do You Perform?_____
_____
List Surgical Operations And Dates:_____
List Any Past Serious Accidents And Dates:_____