


MICHIGAN CENTER FOR
ORTHOPEDIC SURGERY
PHYSICAL THERAPY

Physical Therapy Registration Form

Thank you for choosing Michigan Center for Orthopedic Surgery | Physical Therapy

Please complete the following list and bring to your first appointment. This will help us to optimize our treatment time with you on that first visit.

Name _____ Date _____

Your Physician Ordering your Physical Therapy : _____

***Please remember to bring in the PT prescription from your Doctor

*** In addition, please remember to bring your Driver's License, and Insurance card(s)

What are your Goals from Attending PT: _____

Social History:

Occupation _____

Do you Live : Alone Others

Home Situation: Single Story 2 story Multi-level

Your Bedroom is located on the: 1st floor 2nd floor

Smoking Status: _____

History of fall in the past 12 months (fall risk)? yes, when was last one _____

no

Your Personal Medical History:

Allergies: yes no

Latex/adhesive, other: _____

Anxiety/Depression yes no

Bleeding Disorder yes no

Blood Clot History yes no

Personal history of Cancer yes no

Location/when _____

CardioVascular Disease yes no

Degenerative Disc Disease yes no

Diabetes, Type I/II yes no

Pacemaker yes no

Heart Attack yes no

Hypertension, yes no

If yes, is it controlled with medication yes no

Leg or Foot Ulcers yes no

Neurologic Disorder yes no

Neuropathy yes no

osteomyelitis yes no

Osteoporosis yes no

Peripheral Neuropathy yes no

Rheumatoid Arthritis yes no

Seizures yes no

Spinal Stenosis yes no

Stroke yes no

Immunocompromised condition:

Type _____ yes no

Claustrophobic yes no

Please list current Medications (prescribed and over-the-counter) and Vitamins taken:

_____	_____
_____	_____
_____	_____
_____	_____

Please list surgical History, please include type, location and date

_____	_____
_____	_____
_____	_____
_____	_____