

Therapy Connections, LLC

Orthopedic Case History Form

Please fill out this form as completely as you can. Your therapist may ask you additional questions to clarify or expand information.

Date: _____

I. Patient Information

Client's Name: _____ Date of Birth ____/____/____

Physician: _____ Phone: _____ Fax: _____

Referred by: _____ Phone: _____ Fax: _____

Reason for Referral: _____

Form being completed by: _____

Mother's Name: _____

Address: _____

Street Address City State Zip

Telephone Number: (____) _____ Cell Phone Number: (____) _____

Email address: _____

Father's Name: _____

Address: _____

Street Address City State Zip

Telephone Number: (____) _____ Cell Phone Number: (____) _____

Email address: _____

II. Chief Complaint

What are your main concern(s) with your child:

Recent injuries related to above concern(s):

Other/previous orthopedic injuries:

Current level of function/ physical limitation(s):

Parent/client goal(s):

III. Medical History

Diagnosis, if any: _____

Doctor's orders/Precautions: _____

Weight Bearing Status: _____ Non-weight bearing _____ Partial weight bearing _____ Weight bearing as tolerated _____ Full weight bearing

Imaging and Results: _____

Allergies: _____

Medical Precautions: _____

Dietary Restrictions: _____

Medications: _____

Hospitalizations: No _____ Yes _____ If yes, please describe _____

Surgical Procedures: _____

Special equipment your child uses: _____ Splints _____ Braces _____ Crutches _____ Walker _____ Wheelchair

If you checked any of the above, please describe: _____

Is your child in good general health at the present time? _____

When was your child's most recent medical check-up? _____

Date: _____ Doctor's Name: _____

Additional Comments: _____

IV. Treatment History

Previous therapy for this complaint: _____

Previous physical therapy for other conditions: _____

V. Home Environment

Number of stories in home: _____ If more than 1, how many steps: _____ Handrail location: _____

Number of stairs to enter home: _____ Handrail location: _____

Handicap accessible?: _____

VI. School/ Recreation

School: _____ Grade Level: _____

School Activities: _____

Sports: _____

Hobbies/Other interests: _____

Thank you for taking the time to fill out this questionnaire. This information will help us to become more familiar with your child so that we can provide the best service possible to you and your child.

Signature

Date