



ON THE GO PHYSICAL THERAPY

49 ELMWOOD RD #588
SWAMPSCOTT, MA 01907

Date _____

Name _____ Date of Birth _____

Address _____

Phone number _____ Home Phone Cell Phone

Email address _____

How did you hear about us? _____

Emergency contact _____ Relationship _____ Phone _____

Reason for visit

Pain/physical problem Wellness Annual Check-up Movement screen

Other _____

Height _____ Weight _____

Past Medical History

Cancer Hypertension High cholesterol Thyroid disease Asthma

Concussions Liver Disease Arthritis Depression Diabetes

Anxiety CAD Heart attack Parkinsons Stroke

Headaches Fracture Osteoporosis

Other _____

Surgical history _____

Medications _____

Imaging _____

Name(printed) _____ Signature _____

Date _____