



Covenant HealthCare
 1447 North Harrison
 Saginaw, MI 48602

**ASSESSMENT/
 PATIENT HISTORY/PM&R**

PF01926 (R 8/16)

PATIENT I.D.

REASON FOR THERAPY:

Current problem/symptom: _____ When did this begin? _____

What happened? _____

What are your goals for therapy? _____

Do you have any pain? Yes No Where?

Have you received previous therapy this year? Yes No For this reason? Yes No

If yes, please check all that apply:

Inpatient Rehab Where? _____ When? _____ OT PT SLP _____

Home Care services Where? _____ When? _____ OT PT SLP _____

Outpatient services Where? _____ When? _____ OT PT SLP _____

Other: _____

HOME ENVIRONMENT:

Please answer the following Questions:

Live in a 1 or 2 level home? _____ First floor living? Yes No

How many steps to get in your home? _____ Railing? Yes or No

How many steps inside your home? _____ Railing? Yes or No

Who do you live with? _____

Who provides help in the home if needed? _____

PERSONAL HISTORY

Occupation: _____

Education Completed: _____

Hobbies/Interests: _____

Current Transportation (driving, family transport, bus): _____

Do you use any of the following? Glasses/Contacts Hearing Aids Dentures/Partial



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MEDICAL HISTORY

- Medical history checklist including: Cancer, Heart Disease, Diabetes, Thyroid Disease, Migraine Headache, Psychological Disorder, etc.

Other: _____

SURGICAL/PROCEDURAL HISTORY

- Surgical/Procedural history checklist including: Shoulder Surgery, Lung Surgery, Other Eye Surgery, Hysterectomy, C-Section, etc.

Other: _____

MEDICATION LIST (if you have a list, we can make a copy):

Four horizontal lines for listing medications.

ALLERGIES:

Four horizontal lines for listing allergies.

REACTION:

Four horizontal lines for listing reactions.

Patient Signature _____ Date _____

Therapist Signature _____ Date _____