

# PANTHER PT

## Background Information & Medical History Form

Name: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Please answer the following questions:

What injury or condition brings you here today? \_\_\_\_\_

When did you first notice your condition (date of onset)? \_\_\_\_\_

How did this injury occur? \_\_\_\_\_

Where are your present symptoms located? \_\_\_\_\_

Have you had any surgery for this condition? (if yes indicate date) \_\_\_\_\_

Since the condition has begun, has it gotten better, worse or stayed the same? \_\_\_\_\_

### Pain Scale: Please indicate your pain level WITH activities below based on the following scale:

0 1 2 3 4 5 6 7 8 9 10  
No pain Moderate pain Extreme pain

At worst: \_\_\_\_\_

Current: \_\_\_\_\_

At best: \_\_\_\_\_

Pain description (i.e. burning/sharp/dull/achy/constant/numbness/tingling): \_\_\_\_\_

### Please circle below if you have ever been diagnosed and/or treated for the following conditions:

Cancer	Self	family	High Blood Pressure	Self	family
Diabetes	Self	family	Heart Disease	Self	family
Angina/Chest Pain	Self	family	Stroke	Self	family
Arthritis	Self	family			

Please list all current medicines you are currently taking (dosage and frequency):

\_\_\_\_\_  
\_\_\_\_\_

Please list past surgeries and injuries (indicate date):

\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies that you may have (medications, latex, food, bee sting): \_\_\_\_\_

Is there any additional information we should know about? \_\_\_\_\_

What is your goal for treatment? \_\_\_\_\_

## Integrated Clinical Informed Consent

*NOTE: This consent does not replace a required IRB Approved Informed Consent for any Integrated Clinical courses currently involved in faculty research.*

I, \_\_\_\_\_, give permission for the Panther PT program to participate in the following teaching and learning activities sponsored by the Department of Physical Therapy at Plymouth State University. The activities may occur on campus at the University or off campus in the community.

By signing this form, I voluntarily give my consent to: (Please check any additional teaching/learning activities in which you would be willing to participate):

- demonstrate particular activities
- allow faculty to demonstrate examination and treatment procedures
- allow students to practice examination and treatment procedures
- participate in other activities or events
- allow my case to be discussed for educational purposes within the PSU DPT program
- be interviewed
- be videotaped
- be photographed
- have videotapes and photographs used for teaching purposes at Plymouth State University
- have videotapes, photographs, results of examinations, and descriptions of treatment used for a published case report or professional presentations

I have been informed of the risks associated with the above activities and am aware that the faculty and students will use techniques in accordance with standard physical therapy practice to minimize any risk.

I understand that:

- No gifts of monetary value can be accepted by student physical therapists.
- Any relationship that I have with the Department of Physical Therapy and Plymouth State University will not be negatively influenced by my decision to decline to participate.
- At any time during the activity, I may decline to participate and may refuse to answer a question.
- My consent is valid indefinitely, unless I decide otherwise (insert date here): \_\_\_\_\_.
- At any time in the future, I may freely withdraw my consent to have my records used, including interviews, videotapes, photographs, audiotapes, etc. To do so, I must send a written request to:

Program Director, Doctor of Physical Therapy Program Plymouth State University  
17 High Street  
MSC68  
Plymouth NH 03264

I understand the above agreement - signature.

\_\_\_\_\_  
Signature of patient/client/guardian      Date