



CHESTERTOWN PHYSICAL THERAPY SERVICES, INC.

Kent and Queen Anne's Hospital
100 Brown Street
Medical Building
Chestertown, MD 21620
(410) 778-6565

Julia H. Bainbridge
Registered Physical Therapist

CLINICAL INTAKE FORM

Patient Name: _____

Date: _____

Past Medical History: (Please check off the following)

- High or Low Blood Pressure _____
- Diabetes and/or Circulation Problems _____
- Stroke/CVA/TIA _____
- Heart Problems _____
- Asthma/Breathing Problems _____
- Cancer _____
- Seizures/Fainting _____
- Other _____

Allergies to Medications: (Please list) _____

Current Medications Being Taken (prescription & over the counter):

Medication Name	Reason for Taking	Dose/frequency (if known)

Recent Hospitalization/Surgery/Illnesses:

Date	Reason