

Use barcoded label if possible

PATIENT: _____

FIN #: _____

DATE OF BIRTH: _____

MRN #: _____



Baptist Medical Center East Therapy Center
Physical/Occupational/Speech Therapy
Infancy through Adults
400 Taylor Road
Montgomery, AL 36117
Phone: (334) 244-8345 Fax: (334) 213-6262

THERAPY CENTER MEDICAL HISTORY QUESTIONNAIRE

Conditions currently being treated (What we are treating you for):

Past Medical History:

Medications (Include Vitamins & Over-The-Counter Medications):

Allergies:

X

Patient Signature

Date

