



Come on in...
the water's great!

OASIS
PHYSICAL THERAPY & AQUATICS

Jeff Harband, PT • 1 Blackfield Drive • Tiburon, CA 94920 • 415-383-6789

Name: _____ Date: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Phone: Home _____ Cell: _____ [Check preferred]

E-mail: _____

Occupation/Employer: _____

I live [check one]: alone with spouse/partner with friend/roommate other: _____

I was referred by: _____

Primary Physician: _____ Phone: _____

Other Physician: _____ Phone: _____

Are you seeing any other practitioners for this condition? Yes No

If so, please list: Name: _____ Type: _____

Practitioner's Phone: _____ May we contact them? Yes No

PERSONAL INFORMATION Height _____ Weight _____

Significant prior medical history – injuries, surgeries, conditions:

Medications: _____

CURRENT INJURY INFORMATION. Date of injury or onset of symptoms: _____

Work related? Auto Accident? Sports injury? Litigation pending?

How did the injury/problem occur? _____

What body parts were injured? _____

Where is your pain? (Please be exact) _____

Severity of your pain? [Mark on the line] 0----1----2----3----4----5----6----7----8----9----10

When do you feel pain? How long does it last? _____

What makes it feel better? _____

What makes it feel worse? _____

Any previous treatment? [Medications? PT? Surgery? Injection?] _____

X-rays? MRI Other study _____