GENESEE VALLEY PHYSICAL THERAPY
& SPORTS REHAB., P.C.

Daniel E. Geen, PT
William L. Jackson, PT
Ryan D. Healey, PT, DPT, CSCS
Michael R. Brown, PT, DPT, CSCS, OCS, FAAOMPT
Sarah E. Lipinski, MSPT
Lindsay A. Jackson, MSPT
Jane Vanderwall, PT
Timothy Wilbert, MSPT

Please place a checkmark ( ) if you have a current or past history of the following:

_____ osteoporosis
_____ asthma/breathing problems
_____ diabetes
_____ high blood pressure
_____ past surgeries
_____ metal implants
_____ pregnancy
_____ arthritis/joint problems
_____ heart problems
_____ drug allergies
_____ past physical therapy treatments
_____ cancer
_____ car accidents
_____ brain/nervous system disorders
_____ epilepsy
_____ other _____

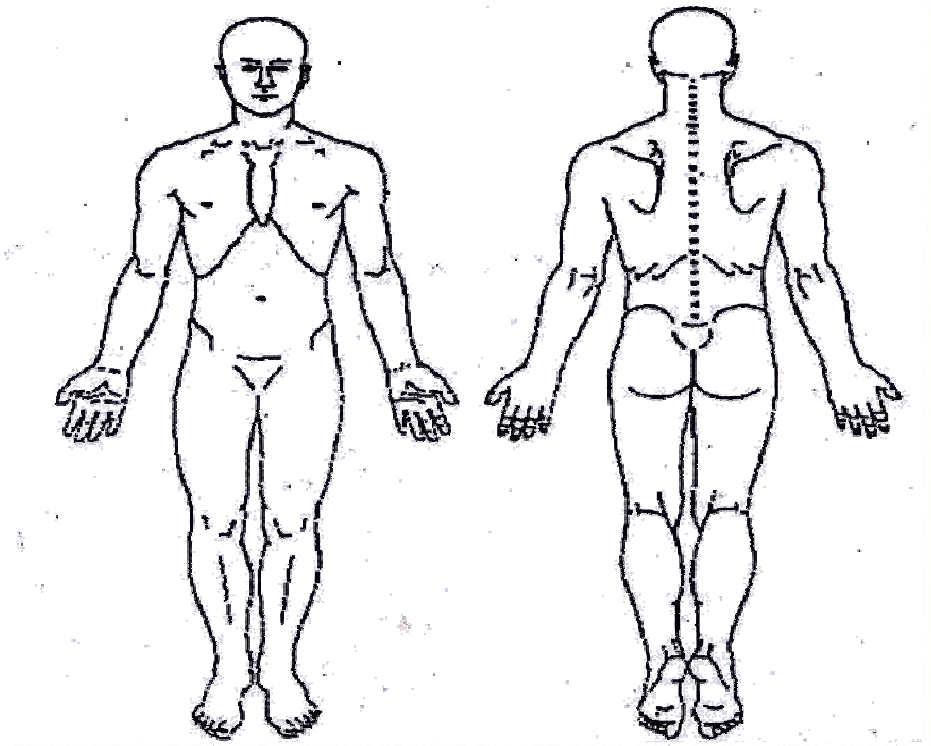
Please list current medications _____
_____

How did you hear about us? ___ family/friends ___ doctor's office ___ telephone book
___ other _____

Were you given a choice of physical therapy facilities to choose from? ___ yes ___ no

If you have had physical therapy in the past, how was your experience?

_____
_____
_____



Please shade on the drawings the areas where you feel pain, mark X's where you feel numbness and tingling.

1670 Empire Blvd.
Suite 400
Webster, NY 14580
TEL:(585) 671-0850

401 Penbrooke Dr.
Bldg. 2 , Suite A
Penfield, NY 14526
TEL:(585) 377-9626

2300 Buffalo Road
Bldg. 100
Rochester, NY 14624
TEL:(585) 247-0080