

EMERGENCY CONTACT INFORMATION

Name: _____

Age: _____

List two (2) emergency contacts that are available to receive a telephone call and/or respond to the hospital if necessary:

1. Name: _____ Relationship: _____

Cell Phone: _____

Daytime Phone: _____

Current Location: _____

(Home or Work Address)

Does this person know you are taking the PT Assessment today? _____

1. Name: _____ Relationship: _____

Cell Phone: _____

Daytime Phone: _____

Current Location: _____

(Home or Work Address)

Does this person know you are taking the PT Assessment today? _____

MEDICAL INFORMATION

Are you currently on any medications? _____

If so, what medication? _____

Did you take it today? _____

Do you have health concerns that we should be aware of? _____

If so, what? _____

If you require an emergency inhaler (or other medical device), do you have it with you today? Yes No
(A "No" response may remove you from this testing process.)

Do you have any allergies? _____

How are you feeling today? _____