

Please list the **events** that led you to your referral of physical therapy (such as physician office visits, hospitalization) and the outcome of these events (such as medications, special tests and the results).

Name of the Facility &/or Physician Name	Reason Why Visit	Date	Outcome of visit	Effect of Treatment	Duration of Effect

Form 2

Current Medications	Date Started	Prescribing Doctor	Reason for Medication	Effectiveness