IOWA STATE UNIVERSITY
Thielen Student Health Center

2647 Union Drive
Ames, Iowa 50011
Phone: 515-294-5801
Fax: 515-292-9135

Patient/Student/Athlete Questionnaire

Patient Information:

Patient Name (Last, First, Middle, Maiden):	
Current Address (including City, State, Zip):	
University ID#:	Date of Birth (MM/DD/YYYY):
Phone #:	Email Address:
Please circle one: ISU Student ISU Athlete Faculty/Staff Other:	

Insurance Information:

Do you have insurance to cover the cost of physical therapy services? YES NO	
What is the name of your insurance company?	
If you have Wellmark/BCBS insurance, have you had any PT visits this calendar year? YES NO If yes, approximately how many?	
Have you ever received physical therapy treatment before? YES NO	When: Where:

Injury Information:

Do you have a referring provider? YES NO if yes, whom?	
Physician Address: Student Health Center McFarland Clinc Other:	
Date of Injury/illness:	Area of injury/illness:
Is this work related? Yes No	If yes, name of Employer:
If yes, Employer Address:	Employer City, State, Zip:

What is your pain level today? (0 is no pain, 10 is worst pain) 0 1 2 3 4 5 6 7 8 9 10

Health Information:
Do you have any of the following? If yes, please circle:

Diabetes	Metal Implants	Pregnancy
Heart Disease	Pacemaker	Transmittable Disease

Allergies: _____

If you make additional appointments, you are expected to keep them. Failure to do so may result in you being discharged from physical therapy and also may prevent another patient/athlete from receiving treatment. If for some reason you will not be able to keep your appointment, you are expected to call and cancel that appointment ahead of time by calling 515-294-2626. Thank you for your consideration.

Patient's Printed Name **Today's Date (MM/DD/YYYY)**