

Medical History

Survey date: ___/___/___

Last name: _____ First name: _____

Reason for referral: _____

Current Condition

Height: ___ ft. ___ in.

Weight: ___ lbs

Pregnant? ___ (Y/N)

Currently on medication? ___ (Y/N)

List medications:

Do you use any assistive devices? ___ (Y/N)

List devices: (i.e., crutches, cane, etc.)

List allergies: _____

Describe your general health: (choose one)

___ Excellent ___ Good ___ Fair ___ Poor

Cardiovascular fitness: (choose one)

___ Aerobic activities 3-5 days/ week for at least ___ minutes

___ Occasional recreational activities at least 4 times a month

___ Sedentary life-style

History

• Have you ever had any of the following? (choose all that apply)

___ Anemia

___ Headaches

___ Kidney problems

___ Shortness of breath

___ Asthma

___ Heart attack

___ Low back pain

___ Stroke

___ Cancer

___ Heart disease

___ Low blood pressure

___ Swollen ankles

___ Chest pain

___ Heart palpitations

___ Metal implants

___ Other

___ Diabetes

___ Hepatitis

___ Osteo arthritis

List other:

___ Dizziness/fainting

___ Hernia

___ Pacemaker

___ Emphysema

___ High blood press.

___ Rheumatoid arthritis

___ Fainting

___ HIV

___ Tuberculosis

___ Fractures

___ Insomnia

___ Seizures

• List any surgeries with dates: _____

Objectives (optional)

• Primary reason for attending therapy: (choose all that apply)

___ Pain

___ Activity reduction

___ Limited motion

___ Loss of independence

___ Weakness

___ Unable to work

___ Injury

___ Unable to do household tasks

___ Surgery

___ Unable to play sports or recreational activities

• What are your personal goals for therapy: (choose 1-4 that are most important) (optional)

___ Decrease pain

___ Increase strength

___ Learn self-care techniques

___ Increase sitting tolerance

___ Resume/ improve self-care activities (dressing, fixing hair)

___ Increase standing tolerance

___ Resume/ improve household chores

___ Increase walking distance and speed

___ Resume/ improve gardening

___ Improve posture

___ Return to work activities

___ Improve sleep

___ Return to sports

___ Improve body mechanics

___ Regain mobility and increase flexibility