EQ3 Physical Therapy Performance & Rehab

Medical History Screen

Name: Primary Care Physician

Have you RECENTLY noted any of the following (check all that apply): weakness/fatigue

Have you EVER been diagnosed with any of the following conditions? (please check all that apply)

OTHER

Do you use nicotine? YES NO

FOR WOMEN: Are you currently pregnant or think you might be pregnant? YES NO

Please list current medications:

Are you curretnly taking any blood thinners for any medical conditions? YES NO

ALLERGIES:

Are you latex sensitive? YES NO

Please list any surgeries or conditions for which you have been hospitalized including dates:

Elyse Quartini, MSPT, DPT, OCS Elyse@EQ3motion.com phone: 858-524-3663