

Beach Physical Therapy

MEDICAL HISTORY QUESTIONNAIRE

Name _____

DOB _____ Date _____

Past Medical History

- Cardiac:**
- High Blood Pressure
 - Congestive Heart Failure
 - Heart Murmur
 - Other _____

- Respiratory:**
- Asthma
 - COPD
 - Other _____

- Digestive:**
- Gastroesophageal Reflux
 - Peptic Ulcer Disease
 - Liver Disease
 - Hemorrhoids
 - Colitis
 - Other _____

- Urinary:**
- Prostate Enlargement
 - Kidney Stones
 - Urinary Infections
 - Kidney Failure
 - Other _____

- Endocrine:**
- Diabetes
 - Hyperthyroidism or Hypothyroidism
 - Osteoporosis/ Osteopenia
 - Steroids
 - Other _____

- Hematologic:**
- Anemia
 - HIV/AIDS
 - Cancer (type) _____
 - Other _____

- Neurologic:**
- Headaches
 - Stroke
 - Seizures
 - Other _____

- Vision:**
- Glaucoma
 - Macular Degeneration
 - Cataracts
 - Other _____

- Psychiatric:**
- Depression
 - Anxiety
 - Eating Disorder
 - Other _____

- Muscular:**
- Back Pain
 - Arthritis
 - Rheumatoid Arthritis
 - Other _____

Are you currently pregnant? Yes No

Have you ever had, or do you now have, a head injury or concussion? Yes (date) _____ No

Allergies

- Latex
- Lotions, oils, etc.
- Other _____

Surgical History (please list with dates)

Any metal or screws implanted? Yes No

Social History

Do you smoke? Yes No
If so, how much? _____

Do you drink alcohol? Yes No
If so, how much? _____

Who do you live with? _____

How many stairs are in your home? _____

Any assistive devices in your home?

- Grab bar in shower
- Grab bar near toilet
- Dual hand rail for stairs
- Other _____
- Tub bench
- Hospital bed

Describe your job. _____

In this job did you use machines, tools, or equipment? Yes No

In this job, how many total minutes each day did you do each of the tasks listed:

Task	Minutes	Task	Minutes	Task	Minutes
Walk		Stoop over		Handle large objects	
Stand		Kneel		Write, type, or handle small objects	
Sit		Crouch		Reach	
Climb		Crawl			

Lifting and carrying (explain what you lifted, how far you carried it, and how often you did this in your job.) _____

Circle weight frequently lifted?

Less than 10 lbs 10 lbs 25 lbs 50 lbs 100 lbs or more

Circle heaviest weight lifted?

Less than 10 lbs 10 lbs 25 lbs 50 lbs 100 lbs or more