



Patient Medical History

Patient Name: _____ Date of Injury: ____/____/____

Referring Physician: _____ Primary Care Physician: _____

Age: _____ Height: _____ feet _____ inches Weight: _____

Are you currently taking ANY prescription medications (circle one)? Yes – No

____ Anti-Inflammatories ____ Muscle Relaxant ____ Pain Medication ____ Other Medication

Please list all other medications: _____

Do you currently have, or ever had, any of the following:

| CONDITION | Yes | No |
|-------------------------------------|-----|----|
| Asthma, Bronchitis or Emphysema | | |
| Shortness of Breath or Chest Pain | | |
| Heart Disease or Angina | | |
| Pacemaker | | |
| High Blood Pressure | | |
| Heart Attack or Cardiac Surgery | | |
| Stroke – TIA | | |
| Blood Clot – Emboli | | |
| Epilepsy or Seizures | | |
| Thyroid Problems | | |
| Anemia | | |
| Infectious Disease | | |
| Diabetes | | |
| Cancer | | |
| Arthritis | | |
| Osteoporosis | | |
| Gout | | |
| Emotional or Psychological Concerns | | |
| Bowel or Bladder Issues | | |

| CONDITION | Yes | No |
|-------------------------------------|-----|----|
| Severe or Frequent Headaches | | |
| Vision or Hearing Difficulties | | |
| Numbness or Tingling | | |
| Dizziness or Fainting | | |
| Weakness | | |
| Weight or Energy Loss | | |
| Hernia | | |
| Varicose Veins | | |
| Allergies | | |
| Pins or Metal Implants | | |
| Joint Replacement | | |
| Cervical Injury or Surgery | | |
| Lumbar – Thoracic Injury or Surgery | | |
| Shoulder Injury or Surgery | | |
| Elbow – Hand Injury or Surgery | | |
| Hip – Knee Injury or Surgery | | |
| Foot – Ankle Injury or Surgery | | |
| Do You Smoke | | |
| ARE YOU PREGNANT? | | |

Please list any information that may assist us with your treatment: _____

Do you understand your diagnosis (circle one)? Yes – No

What are your expectations and goals of rehabilitation? _____

Please list any other medical or rehabilitative service you have had for this injury (example – MRI, chiropractic):

Patient/Guardian Signature: _____ Date: ____/____/____