Medical History

Check all that apply:

☐ Arthritis	☐ Heart Surgery	☐ High Blood Pressure	☐ Depression	☐ Alzheimer's Disease
☐ Cancer	☐ Stroke	☐ Thyroid Problems	☐ Anxiety	☐ Other Cognitive Impairment
☐ Heart Problems	☐ Diabetes	☐ Epilepsy/Seizures	☐ Parkinson's Disease	☐ Other (specify):

Surgeries (List past surgeries with approximate date):

Serious Injury (List past injuries with approximate date):

Allergies (to medications, topical, or environmental):

Family History (any blood relative with a history of):

☐ Alzheimer's Disease	☐ Cancer (type):	☐ High Blood Pressure	☐ Other Cognitive Impairment	☐ Thyroid Problems
☐ Asthma	☐ Diabetes	☐ Kidney Disease	☐ Parkinson's Disease	☐ Other (specify):
☐ Aneurysm	☐ Epilepsy/Seizures	☐ Lung Disease	☐ Psychiatric Disease	
☐ Brain Tumor	☐ Headaches/Migraines	☐ Multiple Sclerosis	☐ Stroke	

Other concerns impacting daily function (i.e. hearing, vision, balance, memory, decision making, strength)**:**

Other significant medical history:

Nutritional status/concerns: