Patient Medical History

Today's Date ___/___/___

Name _____ Date of birth _____ Gender M F

Occupation _____

Is your condition preventing you from doing your job? __ Yes __ Mostly __ Somewhat ___A little __ Not at all

Why are you seeking Physical Therapy? _____

_____

What do you hope to achieve from Physical Therapy? _____

_____

Are you having difficulty/pain with any of the following activities? (Mark all that apply).

	Sleeping
	Rolling in bed
	Getting out of bed
	Lying down
	Walking
	Standing
	Going down stairs
	Going up stairs

	Sitting
	Rising from sitting
	Sitting down
	Driving
	Bending over
	Squatting down
	Rising from squatting
	Lifting objects

	Carrying objects
	Self-Care
	Self-grooming
	Getting dressed
	Working
	Sports
	Sex
	Hobbies

List any surgeries in the past year. _____

_____

List any major surgery. _____

_____

List any residual effects that you have from previous surgery. _____

_____

List any trauma that you have experienced? (car accident, fall, etc.) _____

_____

List any residual effects from the trauma. _____

_____

Have you had any special tests regarding your condition? Y N (X-ray, CAT scan, MRI, etc.)

Results of test? _____

_____

Please list your current medications if you have not provided a list. (List provided)

_____

Health History (mark all that apply)

	High blood pressure		Chronic Fatigue		Polycystic Fibrosis
	Heart disease/chest pain		Currently Pregnant		Arthritis (OA, RA, etc.)
	Heart Attack		Menopause		Cancer
	Pace Maker		Chronic Infection		Degenerative Disc Disease
	Stroke		Seizures		Degenerative Joint Disease
	Headache		Diabetes		GI Disorders (acid reflux, IBS)
	Respiratory Problems (COPD, asthma, etc.)		Obesity		Thyroid Disorders
	Persistent Cough		Anxiety		Dizziness
	Liver disease/disorders		Depression		Falls
	Kidney disease/disorders		Psychological Disorders		Chronic Pain
	Multiple Sclerosis		Osteoarthritis/Osteopenia		Stomach Issues
	Parkinson's Disease		Insomnia/Narcolepsy		Blood Disorders
	Eye Issues (glaucoma, cataract, etc.)		Other:		Other:

Patient/Guardian Signature: _____