Medical History and Previous Treatment

PATIENT NAME: ____

Please check if you have been diagnosed with any of the following conditions:

____Diabetes(I/II)
____Pacemaker
____Back pain
____Broken bones
____Blood clots
____Heart disease
____Stroke (TIA or CVA)

____Circulation problems
____Respiratory problems
____Rheumatoid arthritis
____High blood pressure
____Seizures
____Osteoporosis
____Depression

____Thyroid problems
____Cancer
____Metal implants
____Stomach ulcers

____Infectious Diseases (HIV, Hepatitis B, Hepatitis C, TB, etc.) ___________________
____Other: ____

Surgical History: ____

During the past month have you been feeling down, depressed, or hopeless? YES NO

During the past month have you been bothered by having little interest or pleasure in doing things? YES NO

Please list ALL medications you are currently taking (prescribed and over the counter):
____
____

Have you recently noted?

YES	NO	Weight loss/gain	YES	NO	Unusual weakness
YES	NO	Dizziness/lightheadedness	YES	NO	Visual problems
YES	NO	Fever/chills/sweats	YES	NO	Hearing problems
YES	NO	Incontinence	YES	NO	Pregnant or think you may be pregnant
YES	NO	Bleeding			
YES	NO	Nausea/vomiting			

Date of onset of current symptoms/injury: Month: ________ Day: _________ Year: ________

Have you had the same or similar problem in the past? YES NO
If yes, please explain: ____

Please explain any specific treatment you have received for this problem, such as previous physical or occupational therapy, chiropractic visits, pain medications, etc. ____

Has your doctor discussed your medical findings or given you a diagnosis? YES NO
If yes, what were the findings? ____

Do you require therapy at this time to return to prior level of function? YES NO
What are your goals for recovery? ____

Are you aware of any physical reason why you should not receive treatment? YES NO
If yes, please tell us what it is:____

Do you have any allergies? YES NO If yes, please list: ____

To the best of my knowledge the above information is accurate and complete.

Signature:____ Date:________________________________