University of Evansville

Ace PT · ACEercise · AceBuddies — Ace CARE — COMMUNITY ACTION THROUGH REHABILITATION AND EDUCATION

Medical History and Previous Treatment

PATIENT NAME: _____

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

____Diabetes(I/II)	____Circulation problems	____Thyroid problems
____Pacemaker	____Respiratory problems	____Cancer
____Back pain	____Rheumatoid arthritis	____Metal implants
____Broken bones	____High blood pressure	____Stomach ulcers
____Blood clots	____Seizures	
____Heart disease	____Osteoporosis	
____Stroke (TIA or CVA)	____Depression	

____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:_____