

Patient's Medical History

Medical History: Please mark items as they pertain to you and your health.

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|--------------------------------------|------------------|-----|----|
| A. Heart or lung trouble? | | YES | NO |
| B. Family history of heart disease? | | YES | NO |
| C. High Blood Pressure? | | YES | NO |
| D. Allergies? | | YES | NO |
| E. Previous Back Surgery? | | YES | NO |
| F. Pregnancies? | How Many? _____ | YES | NO |
| G. Recent Weight Loss? | How Much? _____ | YES | NO |
| H. Diabetes? | | YES | NO |
| I. Cancer? | What Type? _____ | YES | NO |
| J. Colitis or Ulcers? | | YES | NO |
| K. Bowel or Bladder Problems? | | YES | NO |
| L. Arthritis? | Where? _____ | YES | NO |
| M. Osteoporosis (brittle bones)? | | YES | NO |
| N. Any other condition(s) not listed | _____ | | |

Please answer the following questions as they apply to your current situation.

- A. Briefly describe how you became injured _____
- B. Last day at work? _____ Current status? _____
- C. X-Rays, MRI or any other test performed? Y N If so, where _____
- D. How many times have you been hospitalized? _____ What were the reasons for current hospitalizations? _____
- E. What surgeries have you had, if any? _____
- _____
- F. How many visits have you made to doctors, therapists, or chiropractors in the past 12 months due to THIS pain? _____
- G. Please list your current medications and dosage _____
- _____
- H. Do you have an attorney helping you as a result of this injury? Y N
- I. Describe pressure or stress you may be having? _____
- J. What type of exercise, if any, do you do on a regular basis? _____
- K. Briefly state your personal goals for Physical Therapy _____
- L. Describe physical demands of your job: Push _____ Pull _____
- Carry _____ Climb _____ Lift. _____