Physical Therapy Forum, Inc.

Confidential Medical History

Name:		Date: / /
Birth Date: / /	Sex: ☐ M ☐ F	Pregnant: ☐ Yes ☐ No ☐ N/A
Primary Physician:		Physician Phone :( )

Medical Conditions: (Please check all that apply)

☐ Heart Attack	☐ Osteoarthritis	☐ Shortness of Breath
☐ Heart Disease	☐ Rheumatoid Arthritis	☐ Allergies
☐ Stroke	☐ Muscular Dystrophy	☐ Asthma
☐ High Blood Pressure	☐ Multiple Sclerosis	☐ Emphysema
☐ Low Blood Pressure	☐ Gout	☐ Poor Eyesight
☐ Back Problems	☐ Cancer	☐ Hearing Loss
☐ Carpal Tunnel Right / Left	☐ Polio	☐ HIV
☐ Tennis Elbow Right / Left	☐ Diabetes	☐ Fibromyalgia
☐ Limited Limb Movement	☐ Epilepsy / Seizures	☐ Migraine
☐ Dislocation (Upper Extrem)	☐ Dizziness	☐ Osteoporosis
☐ Dislocation (Lower Extrem)	☐ Fainting Spells	☐ Other:

Medications / supplements you are currently taking:

Surgeries:

Year	Reason	Hospital

Other Hospitalizations:

Year	Reason	Hospital

Current symptoms for which you are seeking treatment:

____

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____

____

How long have you had these symptoms?
Have you been treated for this before? ☐ Yes ☐ No

What activities can you not perform due to your current symptoms?

____

____

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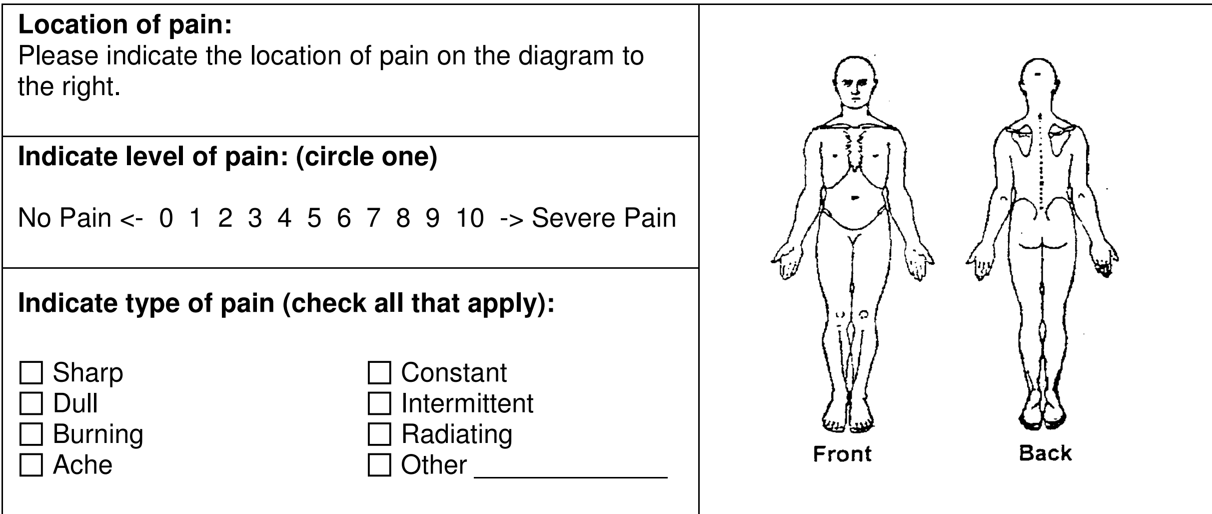

Location of pain:
Please indicate the location of pain on the diagram to the right.

Indicate level of pain: (circle one)

No Pain <- 0 1 2 3 4 5 6 7 8 9 10 -> Severe Pain

Indicate type of pain (check all that apply):

☐ Sharp
☐ Dull
☐ Burning
☐ Ache
☐ Constant
☐ Intermittent
☐ Radiating
☐ Other ______________

What makes it better? ____

What makes it worse? ____

Effects of pain (impact on daily life, function, sleep, appetite, etc.):

____

____

What are your goals for treatment?

____

____

What treatments have you had in the past for these symptoms?

____

____

All questions contained in this questionnaire are strictly confidential and will become part of your medical record.

The information I have provided is accurate to the best of my knowledge. I will Advise the staff if there is any change in my medical condition that would alter my responses on this form.

X ____

PATIENT/GUARDIAN SIGNATURE DATE