



Have you recently had Home Health? _____
 If yes, company name _____
 Discharge date: _____

PATIENT MEDICAL HISTORY

Date: ____/____/____
 Name: _____ Referring Physician: _____
 Date of Birth: ____/____/____ Age: _____ Social Security No: _____-____-____
 Local Address: _____ Out of State Address: _____
 City _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
 Phone: (____)-_____ Alt Phone:(____)-_____

How did you hear about us?(check all that apply) Doctor Walk-in/Self Friend: _____ Other: _____
 What is your main complaint: _____ What body part? _____
 What are your goals for therapy? _____

 Date of injury/onset of this condition? _____

Have you ever had any of the following medical or rehab services for this injury? (Please check what applies)

Chiropractor____ EMG/NCV____ Massage Therapy____ Myelogram____ Occupational Therapy____
 Physical Therapy____ Emergency room care____ CT Scan____ General practioner____ MRI____
 Neurologist____ X-Ray____ Orthopedist____ Podiatrist____ Other____

Have you fallen within the last 12 months? **Y** or **N** (Once **without** injury ____ Once or more **with** injury____)
 Do you **have** or **ever** had any of the following? (Please check what applies)

- | | | |
|---------------------------------------|---------------------------------|--------------------------------|
| ____ Asthma, Bronchitis, or Emphysema | ____ Osteoporosis | ____ Elbow / Hand Inj/ Surg |
| ____ Shortness of Breath/ Chest Pain | ____ Gout | ____ Back Injury / Surgery |
| ____ Coronary Heart Disease/ Angina | ____ Sleeping Problems | ____ Knee Injury / Surgery |
| ____ Pacemaker / Defibrillator | ____ Epilepsy/ Seizures | ____ Leg Injury / Surgery |
| ____ High Blood Pressure | ____ Severe/ Frequent Headaches | ____ Foot / Ankle Inj / Surg |
| ____ Heart attack or surgery | ____ Vision or Hearing problems | ____ Pregnant |
| ____ Stroke/ TIA | ____ Numbness or Tingling | ____ Do you smoke |
| ____ Heart Problems | ____ Dizziness or Fainting | ____ Psychological problems |
| ____ Blood Clot/ Emboli | ____ Weakness | ____ Bowel / Bladder Prob. |
| ____ Thyroid trouble / Goiter | ____ Lung Disease | ____ Arthritis/ Swollen Joints |
| ____ Anemia | ____ Varicose Veins | ____ Shoulder Injury / Surgery |
| ____ Infectious Disease | ____ Any pins/ metal implants | ____ Diabetes |
| ____ Cancer or Chemo / Radiation | ____ Neck Injury/ Surgery | ____ Joint Replacement |

1. Dominant Hand: **L / R**. Trouble side: **L / Center / R** Symptoms started **gradually** or **abruptly**?_____

2. What impairment brings you to therapy (be specific):_____

3. How did injury occur **or** symptoms begin?_____

4. Have symptoms changed since onset? **Y or N** Any previous similar symptoms? **Y or N**

5. Any previous treatment? **Y or N** Helpful? **Y or N** Chiropractor: **Y or N**

****Pain: 0 = No Pain 10 = Excruciating Pain which requires emergency care in the E.R.****

6. Today's Pain: 0 1 2 3 4 5 6 7 8 9 10.

7. Pain at Worst: 0 1 2 3 4 5 6 7 8 9 10. At Best: 0 1 2 3 4 5 6 7 8 9 10

8. Superficial/Deep Intermittent/Constant Type of pain: Sharp/Dull/Achy/etc. _____

9. Is there a time of the day your pain is worse? _____ Better? _____

10. What positions/activities **Increase** your symptoms (Circle all that apply): Lying Sitting Sit-Stand Stand
Walking Running Lifting Bending Up-Stairs Down-Stairs Other:_____

11. What positions/activities **Decrease** your symptoms (Circle all that apply): Lying Sitting Sit-Stand Stand
Walking Running Lifting Bending Ice Heat Massage Meds Other:_____

12. If you have back/neck pain: does coughing/sneezing worsen symptoms? **Y or N**

13. If you have back/neck pain: do symptoms/pain radiate into arms/legs? **Y or N**

- If yes, describe radiating pain:_____

14. Experienced any **unexpected** weight loss recently? **Y or N**. Pain worse after eating? **Y or N**

15. Recent results of: X-ray (if any):_____

MRI:_____

16. Previous Major Surgeries:_____

17. Any Major illnesses/conditions?_____

18. Current limitations affecting daily activities:_____

19. List Medications currently taking:_____