

Patient Medical Information

Please check off all the conditions that apply to you (past and present)

- | | |
|---|---|
| <input type="checkbox"/> Alzheimer's/Dementia | <input type="checkbox"/> Kidney or liver disease |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Loss of sensation in saddle area |
| <input type="checkbox"/> Bladder or bowel dysfunction or incontinence | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Cardiovascular disease | <input type="checkbox"/> Multiple sclerosis |
| <input type="checkbox"/> Current infection | <input type="checkbox"/> Muscular dystrophy |
| <input type="checkbox"/> Currently on blood thinners | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Osteoarthritis |
| <input type="checkbox"/> Diabetes Type 1 | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> Diabetes Type 2 | <input type="checkbox"/> Parkinson's or Huntington's |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Peripheral nerve damage |
| <input type="checkbox"/> Fracture or suspected fracture | <input type="checkbox"/> Rheumatoid arthritis |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Seizure disorder/Epilepsy |
| <input type="checkbox"/> History of cancer (type: _____) | <input type="checkbox"/> Traumatic brain injury |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Other: _____ |

Height and Weight: _____

Pregnant: Yes / No

History of falls:

Allergies:

Major surgeries or procedures:

Current medications and dosage:

Please rate your pain, with '0' being no pain, and '10' being severe pain that would prompt you to go to the hospital, and mark the location of your pain, numbness, or tingling on the image:

At worst: 0 1 2 3 4 5 6 7 8 9 10

Current: 0 1 2 3 4 5 6 7 8 9 10

At best: 0 1 2 3 4 5 6 7 8 9 10

What are your goals for physical therapy?

- Return to work
- Return to recreation
- Decrease pain/numbness/tingling
- Complete daily activities without restriction
- Other: _____

