

McCABE & BRADY PHYSICAL THERAPY PAST MEDICAL HISTORY FORM

PATIENT NAME: _____ DATE: _____

Do you have or have you had any of the following:

- | | | |
|-------|----|---|
| YES | NO | Allergies |
| YES | NO | Asthma/Emphysema |
| YES | NO | Arthritis |
| YES | NO | Chest Pain/Angina |
| YES | NO | Diabetes |
| YES | NO | Dizziness/Fainting |
| YES | NO | Diagnosed Cardiac Disease |
| YES | NO | Headaches |
| YES | NO | Hernia |
| YES | NO | High Blood Pressure |
| YES | NO | Kidney Dysfunction |
| YES | NO | Lung Disease |
| YES | NO | Metal Implants |
| YES | NO | Osteoporosis |
| YES | NO | Pacemaker |
| YES | NO | Seizures |
| YES | NO | Shortness of Breath |
| YES | NO | Use of Steroids |
| YES | NO | Are you pregnant? |
| YES | NO | Cigarettes: If yes, how much? |
| YES | NO | Weakness or difficulty controlling arms or legs |
| YES | NO | Recent motor vehicle accident? |
| YES | NO | Recent onset of groin and buttock numbness? |
| YES | NO | Recent onset of bladder dysfunction? |
| YES | NO | Recent onset of fecal incontinence? |
| YES | NO | Recent or excessive weight change? If yes, explain |
| <hr/> | | |
| YES | NO | Have you fallen in the past 12 months? If so, list frequency and approximate dates. |
| <hr/> | | |
| YES | NO | Have you had any surgery in the past year? If so, list. |
| <hr/> | | |
| YES | NO | Cancer? If yes, please specify |
| <hr/> | | |

Area of the body injured/Reason for treatment (Current): _____

Have you ever had any of the following for your current injury/condition?

- | | | | |
|-----|----|------------|-----------|
| YES | NO | Date _____ | CT Scan |
| YES | NO | Date _____ | EMG |
| YES | NO | Date _____ | MRI |
| YES | NO | Date _____ | X-Rays |
| YES | NO | Date _____ | Bone Scan |

Please rate your general health separate from your injury/condition
___ Poor ___ Fair ___ Good ___ Excellent

Are you currently taking medication? If so, please list: _____

Do you have any additional questions/medical conditions we should be aware of? _____

Patient Signature: _____ Date: _____