



The Center For Physical Health

Special Questions / Past Medical History

1) Have you ever had any of the following medical conditions? (check box if yes)

- Heart Conditions? (Please Specify) _____
- Pacemaker, or other electrical implanted device? _____
- Cancer? (Please Specify when and what time) _____
- Recent weight loss or gain in the past 6 months? (Please explain) _____
- Any falls with in the past 6 months? _____
- Any motor vehicle accidents or injuries that may be related to or influence your current condition?
If yes, please explain _____
- Are you currently pregnant? _____
- Dizziness, double vision, or black outs? (Please explain) _____
- Numbness or tingling in both hands or feet at the same time? (Please explain) _____
- Any recent or major surgery? (Please explain) _____

Diagnostic tests

Have you had any diagnostic testing performed? (x-rays, MRI, CT Scans, etc?) If so, please provide test type, date, and results _____

Medications? (Please List)

Goals:

What do you hope to achieve from attending Physical Therapy? _____

Please specify any other pertinent information you feel we should know:
