KINGSLEY PHYSICAL THERAPY

effective direction in healing

MEDICAL HISTORY

DATE: ___/____/20___

MEDICAL HISTORY

Name: _____

Date of Birth: _____ Height: _____ (inches) Weight: _____ (lbs.)

What's your primary goal with physical therapy? _____

_____

_____

MEDICAL HISTORY: (Please check those that apply)

- ☐ No Known Significant History
- ☐ Alzheimer's
- ☐ Cardiovascular Disease
- ☐ Cauda Equina Syndrome
- ☐ Cerebral Vascular Accident
- ☐ Current Infection
- ☐ Diabetes Mellitus Type 1
- ☐ Diabetes Mellitus Type 2
- ☐ Fibromyalgia
- ☐ Fracture Or Suspected Fracture
- ☐ High Blood Pressure
- ☐ Osteoporosis
- ☐ Depression
- ☐ Dizziness/Fainting
- ☐ Are you a smoker (Y / N)
- ☐ History Of Cancer
- ☐ Huntington's
- ☐ Immunosuppression
- ☐ Lupus
- ☐ Muscular Dystrophy
- ☐ Obesity
- ☐ Osteoarthritis
- ☐ Parkinson's
- ☐ Rheumatoid Arthritis
- ☐ Traumatic Brain Injury
- ☐ Respiratory Problems
- ☐ Seizures
- ☐ Asthma
- ☐ Headaches

☐ Other Medical Problems not listed: _____

_____

_____

☐ Past Surgeries: _____

_____

_____

MEDICATION LIST: ☐ **(See attached sheet)**

Medication:	Dosage:	Times Taken per Day: