

Medical History

Patient Name: _____ **Date:** _____

Previous Surgeries		
Type of Surgery	When	Details
Diagnostic Testing		
Type of Test	When	Details
MRI		
Bone Density Scan		
CT Scan		
EMG/ NCV		
X-Ray		

Height: _____ ft. _____ in. **Weight:** _____ lbs.

Medical Conditions:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Malaise/ Fatigue | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Mental/ Cognitive Disorder | <input type="checkbox"/> Osteoarthritis |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> HTN | <input type="checkbox"/> Mental Implants | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Joint Replacement | <input type="checkbox"/> Nausea/ Vomiting | <input type="checkbox"/> Recent Fevers |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Rheumatoid Arthritis | <input type="checkbox"/> Weight Change +/- |
| <input type="checkbox"/> Neurological Disorder | <input type="checkbox"/> Substance/ Alcohol Abuse | <input type="checkbox"/> Pregnancy Now (+) | <input type="checkbox"/> Other _____ |

Medical Conditions		
Medication	Dose	Reason
Recent Hospitalization		
Type	Name of Hospital	Discharge Date
Recent Hospitalization		
Recent Skilled Nursing Care		
Recent Home Health Care		
Recent Physical Therapy (12mo.)		

Social History:

Current Smoker: Yes No Pack Per Day: _____ Years Smoking: _____
 Previous Smoker: Yes No Years Smoke Free: _____ Years Smoked: _____
 Living Situation: House Apartment Stairs in home Flights of Stairs: _____
 Alone Family/Roommate

Were you able to drive here today? Yes No
 Did you require transportation from someone else? Yes No

Highest Level of Education Completed: K-8 Some High School, no diploma High School Graduate/ GED Some College/ Trade school Associates Bachelor's Masters