



Medical History Questionnaire

Name: _____ Today's Date: _____

Physician's Name: _____ Area of Speciality: _____

PAST MEDICAL HISTORY:

Have you *ever* had:

- ___ Yes ___ No Rheumatic Fever
- ___ Yes ___ No Heart Murmur
- ___ Yes ___ No High blood pressure
- ___ Yes ___ No Angina or chest pain
- ___ Yes ___ No Heart Attack
- ___ Yes ___ No Abnormal EKG
- ___ Yes ___ No Other heart trouble
- ___ Yes ___ No Diabetes
- ___ Yes ___ No Arthritis
- ___ Yes ___ No Disease of the arteries
- ___ Yes ___ No Varicose veins
- ___ Yes ___ No Asthma
- ___ Yes ___ No Lung disease
- ___ Yes ___ No Back injury
- ___ Yes ___ No Epilepsy
- ___ Yes ___ No Gout
- ___ Yes ___ No Surgeries

Have you *recently* had:

- ___ Yes ___ No Chest Pain
- ___ Yes ___ No Shortness of Breath
- ___ Yes ___ No Dizziness, faintness,
or loss of consciousness
- ___ Yes ___ No Heart palpitations
- ___ Yes ___ No Cough on exertion
- ___ Yes ___ No Kidney problems
- ___ Yes ___ No High cholestrol
- ___ Yes ___ No High blood pressure
- ___ Yes ___ No Breathlessness at rest
- ___ Yes ___ No Coughing up blood
- ___ Yes ___ No Disability of feet,
ankles, knees, hips,
and/or neck
- ___ Yes ___ No Swollen and stiff
painful joints

If you checked any of the above, please explain: _____

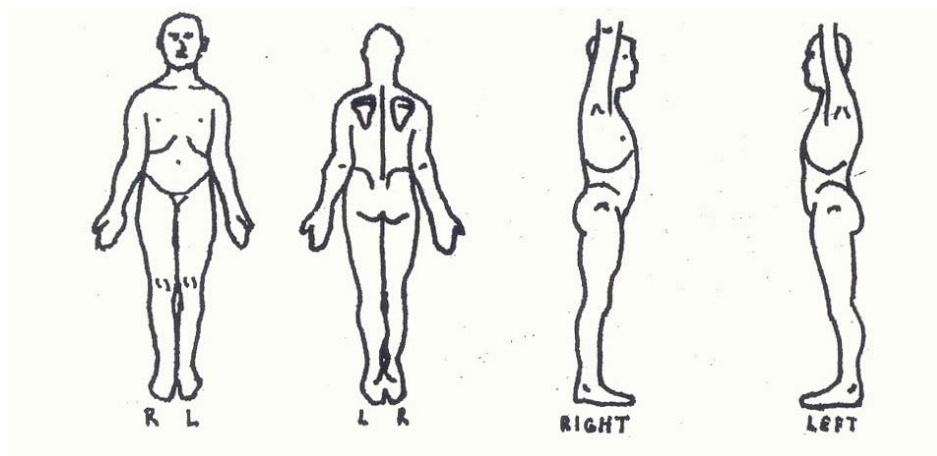
Do you have any medical problems that would limit your ability to exercise?

___ Yes ___ No

If yes, please explain: _____



PATIENT HISTORY (SELF REPORT)



Where are your symptoms located? (Darken areas on body above)

1. When did your symptoms begin? _____
2. Circle the words that best describe your symptoms: aching, burning, tingling, stabbing, throbbing, numbness
3. Are your symptoms due to an accident or trauma? (Describe)

4. What makes you feel better? _____
5. What makes you feel worse? _____
6. Please list any relevant medical history/ medications:

7. Please list any diagnostic test results (X-rays, MRI, CT Scan, Myelogram, etc.):

8. Please list any interventions prior to physical therapy (injections, splints, medications, etc.): _____