

Medical History Form

Patient Name _____

DOB _____

Allergies	Yes	No
Anemia	Yes	No
Anxiety	Yes	No
Arthritis	Yes	No
Asthma	Yes	No
Cancer	Yes	No
Cardiac Conditions	Yes	No
Cardiac Pacemaker	Yes	No
Chemical Dependency	Yes	No
Circulation Problems	Yes	No
Currently Pregnant	Yes	No
Depression	Yes	No
Diabetes	Yes	No
Dizzy Spells	Yes	No
Emphysema/Bronchitis	Yes	No
Fractures	Yes	No

Gallbladder Problems	Yes	No
Hepatitis	Yes	No
High Blood Pressure	Yes	No
Incontinence	Yes	No
Kidney Problems	Yes	No
Metal Implants	Yes	No
Multiple Sclerosis	Yes	No
Osteoporosis	Yes	No
Parkinson's	Yes	No
Rheumatoid Arthritis	Yes	No
Seizures	Yes	No
Speech Problems	Yes	No
Strokes	Yes	No
Thyroid Disease	Yes	No
Tuberculosis	Yes	No
Vision Problems	Yes	No

Describe any other conditions or precautions _____

Fall History:

Injury as a result of a fall in the past year _____ Yes No

Two or more falls in the last year _____ Yes No

Surgical History:

Body Part: _____

Procedure: _____

Aprox. Month/year: _____

Current Medications

Patient Name _____

DOB _____

Drug	Dose	Reason for taking
Drug	Dose	Reason for taking
Drug	Dose	Reason for taking
Drug	Dose	Reason for taking
Drug	Dose	Reason for taking
Drug	Dose	Reason for taking
Drug	Dose	Reason for taking
Drug	Dose	Reason for taking
Drug	Dose	Reason for taking
Drug	Dose	Reason for taking

Enclosed please find a copy of the forms that we need filled out for your first visit at Northern Physical Therapy. We have provided a prepaid envelope so feel free to mail them back ahead of time or bring them to your first visit.

Remember to bring your insurance card(s) and driver's license to your first visit as well as your referral if needed.

If you have any questions regarding these forms give Randee a call at 802-626-4224.

Thanks and we look forward to seeing you!