

Height: _____

Weight: _____

MEDICAL HISTORY

Orthopedic

- Degenerative joint disease
- Hip dislocation
- Metal implants
- Hip fractures
- Osteomyelitis
- Rotator cuff tear / repair
- Shoulder dislocation
- Scoliosis
- Gout
- Osteoporosis
- Osteoarthritis
- Herniated disc
- Back fusion
- Foot problems
- Finger, joint and hand
- Artificial limbs
- Fractures List: _____

Immune System

- Rheumatoid arthritis
 - Lupus
 - Multiple sclerosis
 - HIV / AIDS
 - Hepatitis
 - Liver disease
 - Cancer (past or present)
- Type: _____
- Diabetes
 - Peripheral neuropathy
 - Thyroid disease
 - Infections

Hematology

- Anemia
- Leukemia

Cerebrovascular

- Stroke
- R or L side weakness
- R or L side paralysis
- Difficulty with speech
- Difficulty swallowing
- Blurred vision
- Headaches
- Epilepsy
- Seizures
- Parkinson disease

- Poor balance

Cardiovascular

- Heart attack / MI
- Congestive Heart Failure
- High blood pressure
- Angina / chest pain
- Dizziness / weakness
- Weakness
- Pacemaker
- Irregular heart beat
- Peripheral Vascular Disease

Respiratory

- Short of breath
- Asthma
- Bronchitis
- Emphysema
- Pneumonia
- Tuberculosis
- Bloody sputum

Urinary Tract

- Painful urination
- Incontinence
- Kidney stones
- Frequency at night
- Bladder / kidney infection

Gastroenterology

- Stomach ulcers
- Hiatal hernia
- Incontinence

Lymphedema

- Swollen legs / ankles
- Mastectomy R or L
- Radiation
- Open sores

Health Profile

- Smoke
- Drink alcohol
- Exercise regularly
- Feel tired often

List current medications: _____

List any allergies: _____

Hospitalizations and surgeries within the last year: _____

Onset Date: _____

Describe injury / symptoms: _____

What imaging have you had for this injury (if any): _____

Any previous related injuries? List: _____

Where is pain most severe? _____

Rate pain in that area (1 – 10) _____

What makes it feel better? _____

What makes it feel worse? _____

Describe all treatment for current problem: _____

Indicate symptoms using these symbols:
 (xxx) Ache; (///) Burning & stabbing pain; (ooo) Numbness

