

Medical History

What medications are you currently taking? IB profin 800mg 3x daily
Norco as needed

DO YOU HAVE:

	YES	NO	Is it controlled?	YES	NO
High Blood Pressure?			YES		
Heart Disease?			YES		<input checked="" type="radio"/>
Pacemaker?			YES		<input checked="" type="radio"/>
Diabetes?			YES		<input checked="" type="radio"/>
Bleeding/clotting disease (Hemophilia, Purpura)?			YES		<input checked="" type="radio"/>
Dizziness, vertigo, nausea, blurred vision? ?			YES		<input checked="" type="radio"/>
Respiratory illness?			YES		<input checked="" type="radio"/>
Use of inhaled or oral steroids?			YES		<input checked="" type="radio"/>
Metal implant(s)?			YES		<input checked="" type="radio"/>
Current infection/fever? ?			YES		<input checked="" type="radio"/>
Prostate problems?			YES		<input checked="" type="radio"/>
Hormonal imbalance/problems?			YES		<input checked="" type="radio"/>
Are you currently pregnant?			YES		<input checked="" type="radio"/>
Osteoporosis?			YES		<input checked="" type="radio"/>
Rheumatoid arthritis?			YES		<input checked="" type="radio"/>
Allergies/material sensitivity?			YES		<input checked="" type="radio"/>

HAVE YOU HAD:

Recent unexplained weight loss?	YES	<input checked="" type="radio"/>
Previous head trauma or repeated convulsions?	YES	<input checked="" type="radio"/>
Previous abdominal surgeries?	YES	<input checked="" type="radio"/>
Previous surgery for head, neck or spine?	YES	<input checked="" type="radio"/>
Previous shoulder injury?	YES	<input checked="" type="radio"/>
Previous knee injury?	YES	<input checked="" type="radio"/>
Previous ankle injury?	YES	<input checked="" type="radio"/>
Recent bone fractures?	YES	<input checked="" type="radio"/>
Recent falls?	YES	<input checked="" type="radio"/>
Hysterectomy?	YES	<input checked="" type="radio"/>
History of cancer?	YES	<input checked="" type="radio"/>

Do you exercise or perform vigorous activity at least 3 times a week? YES NO
If so, what activities? not any more

Do you know of any reason why you should not participate in a regular exercise program?
lazy

Please list any/all medical conditions/concerns. Struggling with flu like
Symptoms since 7-18-11

The above information is correct to the best of my knowledge.

I agree that LODI PHYSICAL THERAPY may furnish the Insurance Company with whatever information it desires concerning said PHYSICAL THERAPY services. I also agree, should the amount be insufficient to cover the entire PHYSICAL THERAPY expense, I will be responsible to said PHYSICAL THERAPIST for payment of the difference; and if the nature of the disability be such that it is NOT COVERED by the policy, I will be responsible to the PHYSICAL THERAPIST for payment of the entire bill.

SIGNATURE (parent if minor) [Signature]

Date 8-29-11