HaydenLake
PHYSICAL THERAPY & AQUATICS

Medical History Form

Name: _____
Date: _____
Height: _____ Weight: _____

Please circle your pain level...

At Worst:	0	1	2	3	4	5	6	7	8	9	10
Current:	0	1	2	3	4	5	6	7	8	9	10
At Best:	0	1	2	3	4	5	6	7	8	9	10

Please list your current medications (i.e. prescription, over the counter, herbals, vitamins, dietary supplements):

Medication	Dose	Frequency	Medication	Dose	Frequency

Please list all prior surgeries, injuries, or medical procedures and the date(s) performed (if known):

Surgery/Injury/Procedure	Date	Surgery/Injury/Procedure	Date

Prior to motor vehicle accident (MVA)? YES NO

Prior to motor vehicle accident (MVA)? YES NO

Please list all **prior** and **current health issues:**

Alzheimer Disease
Parkinson Disease
Deep Brain Stimulator
High Blood Pressure
Heart Disease
Pacemaker
CVA (Stroke)
Traumatic Brain Injury

Bladder / Bowel Dysfunction
Numbness / Tingling
COPD / Emphysema
Current Infection
Diabetes Type 1 / Type 2
Fibromyalgia
Fracture: _____
Cancer: _____

Huntington Disease
Immunosuppression
Lupus
Muscular Dystrophy
Obesity
Osteoarthritis
Osteoporosis / Osteopenia
Rhuematoid Arthritis (RA)

Allergies: _____
Psychological:
Depression / Anxiety /
Bipolar / PTSD /
ADHD / Schizophrenia /
ODD / Other: _____
Falls last year: _____

If you have a condition that requires **further detail** or have any **conditions not listed above,** please describe:

_____
_____
_____

Date Updated/Initials: _____ _____ _____ _____