



Medical History

Name: \_\_\_\_\_

**Cardiovascular / Heart:**

1. Do you have heart problems, e.g. high blood pressure, chest pain, heart palpitations, etc.? \_\_\_\_\_
2. Has your physician set any limitations on your activity level? \_\_\_\_\_
3. Do you have a pacemaker? \_\_\_\_\_
4. Do you have any circulation or blood vessel problems? \_\_\_\_\_

**Respiratory / Lung:**

1. Do you have any lung or breathing problems? \_\_\_\_\_
2. Do you have any shortness of breath with activity? \_\_\_\_\_
3. Do you smoke? \_\_\_\_\_

**G.I. / Stomach:**

1. Do you have any stomach or intestinal problems, e.g. bleeding ulcer, major stomach or intestinal surgery? \_\_\_\_\_

**Musculoskeletal:**

1. Do you have arthritis? \_\_\_\_\_
2. Do you have osteoporosis? \_\_\_\_\_
3. Do you have, or have had a history of fracture? \_\_\_\_\_
4. Do you have a bone, muscle, or joint problem that could be made worse by activity? \_\_\_\_\_

**Oncology / Cancer:**

1. Do you have, or have had a history of cancer? \_\_\_\_\_

Are you receiving treatment at this time? \_\_\_\_\_

**Neurological:**

1. Do you have a seizure disorder? \_\_\_\_\_

2. Do you have a balance problem or dizziness with physical activity? \_\_\_\_\_

3. Do you have any weakness or sensory problems affecting activities of daily living? \_\_\_\_\_

**Other: Please circle any that apply**

Pregnancy	Endometriosis	Headache / Migraine
Major Trauma	Neck / Back Pain	Recent Weight
Thyroid Condition	Dialysis	Loss/Gain
Blood Disorder	Known Allergy to Bee	Diabetes
Vision Problems	Wax	Hearing Loss

Please List All Allergies: \_\_\_\_\_

Please List All Medications and Reasons Taking: \_\_\_\_\_

**Diagnostic Tests:**

Please circle all tests that you have had for your current problem:

X-Ray	Bone Scan	EMG
CT Scan	Blood Test	Myelogram
MRI		

Other: \_\_\_\_\_

**Have you seen anyone else for you current problem?:**

Physician	Physical Therapist	Osteopath
Chiropractor	Podiatrist	Dentist

Other: \_\_\_\_\_

**Please ask your therapist if you have any questions or concerns in completing the above questions.**

**Thank you.**