



# BIG SPRING

## Physical Therapy & Sports Medicine

### MEDICAL HISTORY QUESTIONNAIRE

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Gender: \_\_\_\_\_

Main Problem (How/When & Pain/Symptoms): \_\_\_\_\_

Other Treatment (PT, Chiropractic, etc.): \_\_\_\_\_

Date of Last Physical: \_\_\_\_\_ Allergies: \_\_\_\_\_

Tests (X-rays, MRI, Bone Scan): \_\_\_\_\_

Surgeries (include dates): \_\_\_\_\_

Medications: \_\_\_\_\_

### MEDICAL SCREENING

(Circle **YES** or **NO**)

Have you or any immediate family member been told you have:

	<u>Self</u>		<u>Family</u>			<u>Self</u>		<u>Family</u>	
Cancer	Yes	No	Yes	No	Diabetes	Yes	No	Yes	No
High Blood Pressure	Yes	No	Yes	No	Heart Disease	Yes	No	Yes	No
Angina/Chest Pain	Yes	No	Yes	No	Stroke	Yes	No	Yes	No
Osteoporosis	Yes	No	Yes	No	Tuberculosis	Yes	No	Yes	No
Arthritis	Yes	No	Yes	No	Thyroid condition	Yes	No	Yes	No

Do you have a history of:

Allergies/Asthma	Yes	No	Rheumatic Fever	Yes	No
Kidney Disease	Yes	No	Hepatitis	Yes	No
Seizures	Yes	No	Bronchitis	Yes	No
Headaches	Yes	No	Ulcers	Yes	No

In the past 3 months have you had or do you experience:

A change in your health	Yes	No	Nausea/vomiting	Yes	No
Fever/chills/sweats	Yes	No	Unexplained weight change	Yes	No
Numbness/tingling	Yes	No	Changes in appetite	Yes	No
Difficulty swallowing	Yes	No	Changes in bowel	Yes	No
Shortness of breath	Yes	No	Changes in bladder function	Yes	No
Dizziness	Yes	No	Upper respiratory infection	Yes	No
Urinary tract infection	Yes	No			

Are you currently:

Pregnant	Yes	No
Depressed	Yes	No
Under Stress	Yes	No
Have a pacemaker	Yes	No

How are you sleeping at night? (check one) ( ) fine ( ) moderate difficulty ( ) only with medication

Do you or have you smoked tobacco? (circle one) Yes No -- If yes: packs/day: \_\_\_\_\_ # of years: \_\_\_\_\_ last use: \_\_\_\_\_ I

currently have difficulty with (check all that apply)

( ) driving ( ) getting up from a chair ( ) walking ( ) bending at the waist

Are your symptoms: (check one)

( ) getting worse ( ) same ( ) getting better

**THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE:**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_