CATALYST PHYSICAL THERAPY

MEDICAL HISTORY *(page 1)*

Name: _____ DOB: _____ Current Date: _____

Height & Weight: _____ *(required for Medicare patients)*

Do you have a history of falls? Yes ☐ No ☐

Existing or Relevant Previous Conditions *(check correct box, 'Yes' or 'No'):*

	Yes	No		Yes	No
Alzheimer's			History of Cancer		
Auto Immune Disease			Huntington's Disease		
Cardiovascular Disease			Immunosuppression		
Cauda Equina Syndrome			Lupus		
Current Infection			Multiple Sclerosis		
Diabetes Type 1			Muscular Dystrophy		
Diabetes Type 2			Osteoarthritis		
Fibromyalgia			Parkinson's Disease		
Fracture or Suspected Fracture			Rheumatoid Arthritis		
Heart Attack			Stroke		
High Blood Pressure			Traumatic Brain Injury		
Other (describe below)					

Also List any X-Rays or MRIs

Any Complicating Factors *(check correct box, 'Yes' or 'No'):*

	Yes	No		Yes	No
Allergies (please list below)			Previous Physical Therapy		
Any Attorney Involved			Surgical History (please type and date)		
Multiple Treatment Areas			Xrays, MRIs, CT, etc (please list type and date)		
Other (describe below)					

Current Medications with Dosages *(if more space is needed, please use the back of the form)*

(Prescription, Over the Counter, Herbals, Vitamins/Minerals, Dietary Supplements, Other)

MEDICATION	DOSE	MEDICATION	DOSE

CATALYST PHYSICAL THERAPY Inc

MEDICAL HISTORY *(page 2)*

Work Environment:

Occupation _____

	Yes	No		Yes	No
Does your job involve:			Do you use any special supports:		
Prolonged sitting (desk, computer, driving)			Back cushion, neck cushion		
Prolonged standing (sales clerk, equipment operator)			Back brace, corset		
Prolonged walking (delivery service)			Wrist brace		
Use of large or small equipment (telephone, fork lift, keyboard, drill press)			Other kind of brace or support for any part of the body (please list below)		
Lifting, bending, twisting, climbing, turning					
Exposure to chemicals or gases					
Other (describe below)					

Please circle on the diagram below, any parts of your body that are hurting or that you would like to discuss: