

## Northern Arizona Rehabilitation & Fitness / MEDICAL HISTORY FORM

<u>LIST SURGERIES, FRACTURES &amp; INJURIES</u>	<u>LIST MEDICATIONS</u>

\*\*\*\*\*CHECK ALL THAT APPLY BELOW IN THE BOX PROVIDED TO THE RIGHT OF THE CONDITION\*\*\*\*\*

**MUSCULOSKELETAL:**

**CARDIOPULMONARY:**

Osteoarthritis		MI/Heart Attack	
Osteopenia/Osteoporosis		Angina	
Rheumatoid Arthritis		Congestive Heart Failure	
Spinal Compression Fracture		High Blood Pressure	
Meniscus Tear/Knee(s)		High Cholesterol	
Disc Herniation Neck/back		Arrhythmia	
Whiplash		Blood Clot	
Spinal DDD/DJD/Stenosis		Aneurysm	
Shoulder Dislocation		Shortness of Breath	
Prosthesis/Joint Replacement		Asthma	
Lupus		Emphysema/COPD	
Gout		Peripheral Vascular Disease	
Other:		Other:	

**NEUROMUSCULAR/NEUROLOGICAL:**

**INTEGUMENTARY/OTHER:**

Frequent Falls		Cancer	
Stroke/CVA		Internal Organ Dysfunction	
Epilepsy/Seizures		Hepatitis	
Peripheral Neuropathy		Clinical Depression	
Carpal Tunnel Syndrome		Anxiety/Panic Disorder	
Brain Injury/Head Injury		Visual Impairment	
Parkinsons		Hearing Impairment	
Neurological Disorder (MS or other)		Urinary Incontinence	
Other:		Gastrointestinal Problems	
		Allergies	

Are you or might you be pregnant?     yes     no

What are we treating you for? \_\_\_\_\_

What are your physical therapy goals? \_\_\_\_\_

Current Stress Level:     None     Moderate     High

Signature: \_\_\_\_\_ Date: \_\_\_\_\_