



ARTHRITIS & SPORTS PHYSICAL THERAPY  
MEDICAL HISTORY FORM

PATIENT NAME: \_\_\_\_\_

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

REFERRING PHYSICIAN'S NAME: \_\_\_\_\_

DATE OF ONSET/INJURY \_\_\_\_\_

PRIMARY CARE PHYSICIAN'S NAME: \_\_\_\_\_ ARE YOU PRESENTLY WORKING \_\_\_\_\_

CAUSE OF INJURY /ONSET: \_\_\_\_\_

DATE OF NEXT MD VISIT \_\_\_\_\_

DESCRIBE YOUR GENERAL HEALTH (circle one) EXCELLENT    GOOD    FAIR    POOR

WHAT SPECIFIC ACTIVITIES ARE YOU HAVING DIFFICULTY WITH DUE TO INJURY/SURGERY

- 1
- 2
- 3

WHAT ARE YOUR GOALS/OUTCOMES YOU HOPE TO ACHIEVE FROM THERAPY

- 1
- 2
- 3

HAVE YOU RECENTLY BEEN HOSPITALIZED ?    YES    NO    IF YES, WHEN? \_\_\_\_\_

HAVE YOU HAD PRIOR PHYSICAL THERAPY FOR THIS CONDITION?    YES    NO  
WHAT WAS DONE/RESULTS?

HAVE YOU HAD PRIOR PHYSICAL THERAPY THIS CALENDAR YEAR    YES    NO

IF SO WAS IT AT    HOSPITAL \_\_\_\_\_    OUT PATIENT FACILITY \_\_\_\_\_    HOME HEALTH \_\_\_\_\_

FOR HOW LONG? \_\_\_\_\_

CURRENT MEDICATIONS:

ALLERGIES: \_\_\_\_\_

DO YOU KNOW OR HAVE YOU EVER HAD ANY OF THE FOLLOWING CONDITIONS?(circle all that apply)

- |           |                    |                     |                      |
|-----------|--------------------|---------------------|----------------------|
| ANEMIA    | CARDIAC PROBLEMS   | HEPATITIS/HIV       | PACEMAKER            |
| ARTHRITIS | DEPRESSION         | HIGH BLOOD PRESSURE | RESPIRATORY PROBLEMS |
| ASTHMA    | DIABETES           | KIDNEY PROBLEMS     | SEIZURES             |
| CANCER    | DIZZINESS/FAINTING | LOW BLOOD PRESSURE  | SUBSTANCE ABUSE      |
| HEADACHES | FRACTURES          | METAL IMPLANTS      | THYROID PROBLEMS     |
|           |                    |                     | CURRENTLY PREGNANT   |

ANY OTHER MEDICAL PROBLEMS? \_\_\_\_\_

Signature of patient: \_\_\_\_\_ Reviewed by : \_\_\_\_\_

