North Naples Physical Therapy

Medical History

The following questions are being asked to maximize your safety and benefits from physical therapy. The information is confidential and will be kept in your chart. This information is an important part of your evaluation, which will help your therapist develop an appropriate, safe physical therapy program maximizing your recovery.

Patient Name_____ **Date**_____

1. Medical conditions you have or have had (check all that apply)

☐ Arthritis	☐ Gland problems	☐ Osteoporosis	☐ Cancer
☐ Stomach Disorders	☐ Visual problems	☐ Parkinson's disease	☐ Diabetes
☐ Anxiety	☐ Hearing problems	☐ Fibromyalgia	☐ Pregnant
☐ Epilepsy/Seizures	☐ Depression	☐ Circulatory problems	☐ Lung Disease
☐ High blood pressure	☐ Joint replacement	☐ Hot/cold sensitivity	☐ Stroke

2. Do you have a history of COPD or breathing problems? ☐ Yes ☐ No

If yes, ☐ Asthma ☐ Emphysema

3. Do you have history of heart disease? ☐ Yes ☐ No

If yes, ☐ Myocardial infarct ☐ Arrhythmia ☐ Arthrosclerosis ☐ Angina (chest pains)

☐ Pacemaker ☐ Defibrillator ☐ Coronary artery bypass graft (CABG) Date_____

4. Do you use Nitroglycerine or Inhalers? ☐ Yes ☐ No

If yes, do you have them on hand? ☐ Yes ☐ No

5. Do you have a history of back problems? ☐ Yes ☐ No

If yes, ☐ Disc herniations (HNP) ☐ Discectomy ☐ Laminectomy ☐ Spinal fusion

6. Any other major surgeries? List_____

_____

7. History of balance disorders? ☐ Yes ☐ No

If yes, recent falls _____

8. Do you any allergies to: CIRCLE Lotions Gel Soaps Latex Tape adhesives Other_____

9. Decrease or loss of sensation? ☐ Yes ☐ No If yes, location_____

10. Recent injections of steroids? ☐ Yes ☐ No If yes, location_____

11. Do you have any durable medical equipment? (Walkers, crutches etc….) ☐ Yes ☐ No If yes, list_____

12. Do you have a recent MRI, CAT scan, X-ray or other special test? ☐ Yes ☐ No

If yes, list body part and results_____

13. Any other important health issues that may be effected by physical activities? list_____

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14. Do you have any adaptations made to your car or home? ☐ Yes ☐ No If yes, list_____