UCONN

NAYDEN REHABILITATION CLINIC

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PAST MEDICAL HISTORY QUESTIONNAIRE

Name: ______________________________________ Birthdate: ________________ Date: ____________________

What problems have brought you to physical therapy? ____

How long have you had this/these problem(s)? ____ (Date, if possible)

What percentage has your current complaint diminished your function? ___________________________________%

Due to the problem you have been referred to therapy for, are you having difficulty with any of the following activities? (please check appropriate boxes)

❑ Reaching	❑ Pushing/Pulling	❑ Squatting	❑ Sitting
❑ Gripping	❑ Walking	❑ Running	❑ Sleeping
❑ Carrying	❑ Standing	❑ Dressing	❑ Bending at the waist
❑ Lifting	❑ Stairs	❑ Driving	❑ Recreational activities

Medical History

Do you have a past or present history of any of the following?

❑ Alcoholism	❑ Diabetes	❑ Migraines	❑ Scoliosis
❑ Anxiety	❑ Fractures	❑ Motor vehicle accident(s)	❑ Seizures/epilepsy
❑ Asthma	❑ GERD	❑ Osteoarthritis	❑ Severe sports injuries
❑ Bladder/bowel problems	❑ Hearing loss	❑ Osteopenia	❑ Skin problems
❑ Blurred vision	❑ Heart attack	❑ Osteoporosis	❑ Smoking
❑ Brain damage	❑ Hepatitis	❑ Ovarian cyst	❑ Spinal Stenosis
❑ CVA	❑ High blood pressure	❑ Pacemaker implant	❑ STD
❑ Cancer	❑ High cholesterol	❑ Peripheral neuropathy	❑ Swallowing problems
❑ Cardiovascular disease	❑ HIV	❑ Prosthetics/orthotics	❑ Thyroid dysfunction
❑ Concussion	❑ IBS	❑ Respiratory problems	❑ TIA
❑ Depression	❑ Metal implants	❑ Rheumatoid arthritis	❑ Vertigo

Please list prior *serious* injuries, fractures, and surgeries (including dates):__________________________________

____

Please list any allergies you have: ____

Please list (or provide a list) of medications you are taking: ____

When is your next appointment with your doctor (for this problem)? Date: ___________________________________

Are you working now? ❑ Yes ❑ No If no or retired, how long have you been out of work? _____________________

What is/was your occupation? _________________________ ❑ Full time ❑ Part time ❑ Light duty ❑ Retired