

BODY IN BALANCE PHYSICAL THERAPY MEDICAL QUESTIONNAIRE

Name: _____ Date: _____

DOB: _____ Date of injury: _____ Occupation: _____

Physicians: _____

Reason you are here: _____

Previous surgeries, hospitalizations and major injuries: _____

Past medical history/ Has doctor ever said that you have had any of the following? (Please circle):

- | | | | | |
|-----------------|-----------------------|--------------------|----------------------------|-------------------------|
| • Cancer | • High blood pressure | • Lung problems | • Kidney disease | • Depression |
| • Heart trouble | • Poor circulation | • Asthma emphysema | • Liver disease | • Anxiety |
| • Heart attack | • Diabetes | • COPD | • Gastrointestinal disease | • Neurological problems |
| • Stroke | • Osteoporosis | • Thyroid problems | • Arthritis | • Seizures |

Other : _____

Family history of the above conditions: _____

Please list medications with dosages: _____

Do you suffer from any on the following? (please circle):

- | | | | | |
|-----------------------|-----------------|-----------------------------|----------------------|--------------|
| • Shortness of breath | • Night sweats | • Severe night pain | • Urinary leakage | • Headache |
| • Dizziness | • Pain in chest | • Black outs | • Decreased appetite | • Joint pain |
| • Frequent falls | • Seizures | • Bladder or bowel problems | • Fatigue | |

Other: _____

How would you rate the stress in your life? (please circle): High Medium Low

Have you had any falls during the past 12 months? _____ Injuries from fall? _____ Height: _____ Weight: _____

Describe pain or other symptoms that brought you to physical therapy: _____

What makes symptoms better? _____

What makes symptoms worse? _____

Goal for Physical Therapy: _____

If you have pain, please indicate where your pain is located by marking on the diagram as follows:

x x x = sharp pain

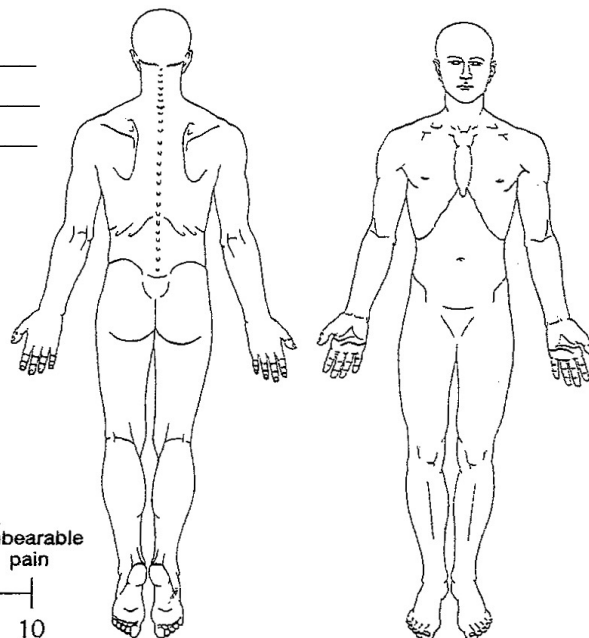
/ / / = dull ache

o o o = burning pain

Pain at worst: _____

Pain at least: _____

Pain today: _____



Please rate your pain by circling below:

