



Orthopedic & Sports Physical Therapy

Pertinent Medical History

Patient Name: _____ Date: _____

Circle “Y” for YES or “N” for NO for all of the following that apply to your current and/or past medical history:

Heart Disease

- | | | |
|-----------------------------------------------|-----------------------------------|-----------------|
| Y/N Congestive Heart Failure (CHF) | Y/N Valvular Disease | Y/N Stents |
| Y/N High Blood Pressure/Hypertension | Y/N Atherosclerotic Disease (CAD) | Y/N Angioplasty |
| Y/N Heart Attack (Myocardial Infarction) (MI) | Y/N Arrhythmia | Y/N Angina |
| Y/N Coronary Artery Bypass Graft (CABG) | | |

Lung Disease

- Y/N Emphysema Y/N Asthma Y/N Recent Pneumonia Y/N Chronic Obstructive Pulmonary Disease (COPD)

Vascular Disease

- | | | |
|---------------------------------------------------|--------------------------------|----------------|
| Y/N Peripheral Arterial Disease | Y/N Taking Blood Pressure Meds | Y/N Stroke/TIA |
| Y/N Acquired Respiratory Distress Syndrome (ARDS) | Y/N Chronic Bronchitis | Y/N Diabetes |

General Medical Conditions

- | | | |
|--------------------------------------------------------------------------------------|-------------------------|------------------------|
| Y/N Arthritis (rheumatoid/osteoarthritis) | Y/N Prosthesis/Implants | Y/N Previous Accidents |
| Y/N Anxiety or Panic Disorders | Y/N Sleep Dysfunction | Y/N Incontinence |
| Y/N Neurological Disease (such as MS or Parkinson’s) | | Y/N Headaches |
| Y/N Kidney, Bladder, Prostrate or Urination Problems | | Y/N Allergies |
| Y/N Back Pain (neck pain, low back pain, degenerative disc disease, spinal stenosis) | | Y/N Cancer |
| Y/N Hearing Impairment very hard of hearing, even with hearing aids | | Y/N Depression |
| Y/N Visual Impairment (such as cataracts, glaucoma, macular degeneration) | | Y/N Osteoporosis |
| Y/N Gastrointestinal Disease (ulcer, hernia, reflux, bowel, liver, gall bladder) | | Y/N Hepatitis/AIDS |

Women Only: Are you pregnant? ___ Yes ___ No

Please list, if any, surgeries, broken bones, current medications, or any other medical conditions below:

Surgeries:

Broken Bones:

Current Medications:

Any Other Medical Conditions:
