Adams Physical Rehab & Spine Center, LLC

CONFIDENTIAL HEALTH HISTORY

Patient Name:_____ Referring Physician:_____

Are you aware of your diagnosis that we are treating you for: yes no

Have you had any other orthopedic injuries or surgeries: yes no

If yes please explain:_____

Do you or have you had any of the following:

□ High/low blood pressure	□ AIDS	□ TB
□ Low Blood Sugar	□ Emphysema	□ Diabetes
□ Blood thinners	□ Stroke	□ Cancer
□ Epilepsy	□ Hepatitis	□ Chemotherapy/Radiation
□ Rheumatic Fever	□ Chronic Diseases	□ Pacemaker

Are you currently pregnant: yes no n/a

Is there anything else we should know about your health: _____

_____

Tell us about your condition:

When did you first notice your pain or symptoms due to this injury/diagnosis:_____

How did your symptoms/injury occur?_____

Where is the pain/symptoms currently?_____

Due to the injury/symptoms, what activities can you not perform? _____

_____

Rate your current pain level on a scale of 0-10 (1= no pain 10=pain so severe I need to go to the ER)
1_____10

To the best of your knowledge, please provide your height _____ and weight_____

Do you have problems with exercise? Yes No if yes please explain_____

_____

How did you know about our clinic?_____