ASSURED HEALTH
PHYSIOTHERAPY

Medical History Form

All information gathered is confidential

Patient Name:__________________________________ **Date of Birth:**__________________________

What is your current complaint/pain and when was the onset of symptoms?

What movements or activities are limited? And what does make your condition worse/Better?

Have you been involved in a car accident? Y/N. If yes please state when and describe the accident:

Do you currently, or in the past have any of the following: If yes please describe.

- Heart Problems
- Low/High Blood Pressure
- Chronic Illness/ Conditions
- Hernia
- Bone or Joint Issues
- Lung or Breathing Problems
- Diabetes
- Cancer
- Stroke
- Seizures
- Skin Disorders
- Fatigue/Depression
- Varicose Veins/Phlebitis
- Ruptured/Bulging discs
- Infectious Conditions
- Headache/Teeth Grinding

When and by whom were you diagnosed with any of the above conditions/issues?

Do you have any history of surgery (dental and cosmetic included) Y/N. If yes please date and describe____

Are you currently or recently (last five months) pregnant? Y/N

Please list any medications you are currently taking, including vitamins/minerals/herbs.

Do you exercise? Y/N If yes please describe the activities that you do.

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What is your occupation?____

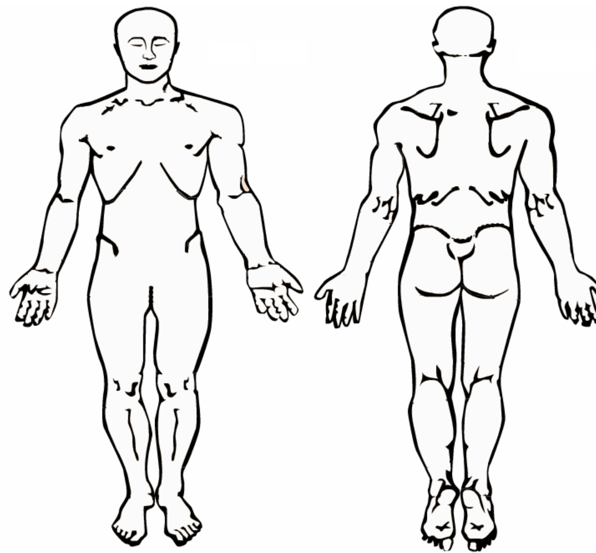
Please indicate your main occupational activities:

- Sitting
- Computer Work
- Driving
- Repetitive Movement
- Standing
- Lifting
- Bending
- Other:______________________________

Is there anything else you feel is important that was not covered? ________________________________

Please indicate on the diagram below any areas that you are experiencing discomfort/pain.

Aches ΛΛΛΛ Numbness oooo Pins/Needles .... Burning xxxx Stabbing ////



____I Acknowledge and confirm that no guarantee or assurance of results has been made to me regarding my treatments.

____ Ask your practitioner any questions about your treatment at ANYTIME.

____ Immediately advise your practitioner if you become uncomfortable in any way with your treatment.

Patient Signature________________________________ **Date**________________________________