

MEDICAL HISTORY

DO YOU HAVE ANY OF THE FOLLOWING?

- HIGH BLOOD PRESSURE
- LOW BLOOD PRESSURE
- DIABETES
- HEART PROBLEMS/EDEMA
- SKIN CONDITIONS
- INFECTION OR AN OPEN WOUND
- HYPERSENSITIVITY TO COLD
- RHEUMATOID ARTHRITIS

HOW DID YOU HEAR ABOUT US? _____

- DO YOU SMOKE
- DO YOU CONSIDER YOURSELF OVERWEIGHT

HAVE YOU EVER HAD ANY TYPE OF OUTPATIENT PHYSICAL THERAPY SINCE JANUARY 1ST AND IF SO WHERE?

HAVE YOU EVER OR ARE YOU NOW UNDER ANY HOMEHEALTH CARE OF ANY KIND? _____



Please Print out. Check the ones that apply. Fill in where you heard about us. And if you have had any therapy this year state the provider. Also, if you have had home health therapy state the provider.