GREAT DIVIDE
PHYSICAL THERAPY

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GENERAL MEDICAL HISTORY

NAME: _____ **DATE:** _____

Have you recently noticed any of the following (please check all that apply):

☐ Shortness of breath	☐ Numbness or tingling	☐ Fever/chills/sweats
☐ Fainting	☐ Nausea/vomiting	☐ Dizziness/lightheadedness
☐ Balance difficulties	☐ Unusual weight loss or gain	☐ Heartburn/indigestion
☐ Changes in bowel or bladder function		☐ Difficulty swallowing

Have you ever been diagnosed with any of the following conditions (please check all that apply):

☐ Cardiovascular Disease	☐ Ulcers	☐ Cancer: Type_____
☐ Stroke	☐ Liver /Gall bladder	☐ Rheumatoid arthritis
☐ Diabetes Type:_____	☐ Kidney	☐ Lupus
☐ High blood pressure	☐ Lung problems:	☐ Multiple Sclerosis
☐ Osteoporosis	Type_____	☐ Parkinson's
☐Traumatic Brain Injury	☐ Bladder/UTI	☐ Thyroid problems
☐ Epilepsy / Seizures		☐ Migraines
☐ Anemia		☐ Fibromyalgia

☐ Mental Health Disorders: _____

☐ Chemical Dependency	☐ Depression	☐ Anxiety

☐ Other _____

Surgeries:_____

_____

Are you latex sensitive? ☐ Yes ☐ No

Do you smoke or use tobacco products? ☐ Yes ☐ No

(For Women) Are you currently pregnant or do you think you may be pregnant? ☐ Yes ☐ No

Have you fallen in the past year? ☐ Yes ☐ No Injury: _____