



PATIENT HISTORY INFORMATION

Patient Name: _____

Have you had previous Physical Therapy for your present condition? Y N

Where _____ **When** _____

Do you have/or have you had any of the following:

- | | |
|--|---|
| <input type="checkbox"/> DIABETES I or II | <input type="checkbox"/> PACEMAKER |
| <input type="checkbox"/> HIGH BLOOD PRESSURE | <input type="checkbox"/> NEUROLOGICAL DISEASE (MS or Parkinson's) |
| <input type="checkbox"/> HEART DISEASE / CHF /ANGINA | <input type="checkbox"/> PREGNANT (now) |
| <input type="checkbox"/> HEART ATTACK | <input type="checkbox"/> HEADACHES |
| <input type="checkbox"/> STROKE OR TIA | <input type="checkbox"/> HISTORY OF CANCER |
| <input type="checkbox"/> COPD/ARDS OR EMPHYSEMA | <input type="checkbox"/> GI DISEASE (Ulcer/Reflux/Bowel/Liver/Gall Bladder) |
| <input type="checkbox"/> PERIPHERAL ARTERY DISEASE | <input type="checkbox"/> VISUAL / <input type="checkbox"/> HEARING IMPAIRMENT |
| <input type="checkbox"/> PROSTHESIS/METAL IMPLANTS | <input type="checkbox"/> HERNIA |
| <input type="checkbox"/> PREVIOUS SURGERY | <input type="checkbox"/> ALLERGIES (Meds) (Heat/Ice) |
| <input type="checkbox"/> KIDNEY/BLADDER PROBLEMS | <input type="checkbox"/> ANXIETY/PANIC DISORDERS/DEPRESSION |
| <input type="checkbox"/> SEIZURES | <input type="checkbox"/> SLEEP DYSFUNCTION |
| <input type="checkbox"/> OSTEOPOROSIS/OSTEOPENIA | <input type="checkbox"/> ASTHMA |
| <input type="checkbox"/> ARTHRITIS (RA OR OA) | <input type="checkbox"/> HEPATITIS/TB/HIV/AIDS |

HEIGHT: _____

WEIGHT: _____

Please list medication(s) and for what condition(s) they are being taken:

CONSENT TO TREAT

I understand that I am under the care and control of my physician(s) and that Schaack Physical Therapy is not liable to any act or omission when providing treatment in accordance with my physician's instructions. I consent to have Schaack Physical Therapy provide the treatment and care prescribed by my physician. I understand this consent may be revoked by me at any time.

Patient Signature _____ **Date** _____