

# Therapy Plus Medical Information



**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**STATEMENT:** *The purpose of this form is to obtain pertinent medical information for your therapist, in coordination with your rehabilitation program.*

**PAST MEDICAL HISTORY:**

Major Operations or Hospitalizations: \_\_\_\_\_  
 \_\_\_\_\_

Medications Currently Using: (including over the counter and herbals) \_\_\_\_\_  
 \_\_\_\_\_

Allergies: Are you allergic to any medications?  Yes  No If yes please document: \_\_\_\_\_  
 Are you allergic to latex (rubber)?  Yes  No  
 Are you allergic to Cortisone?  Yes  No

**REVIEW OF SYSTEMS:**

Have you ever had any of the following (please X):

	Yes	No	Comments
Diabetes			
Cancer/Leukemia/Lymphoma			
High Blood Pressure			
Dizziness			
Heart Trouble			
Pacemaker			
Asthma			
Arthritis / Gout			
Epilepsy / Seizure			
Neurological Disease / Stroke			
Osteoporosis			
MRSA, VRE or C-diff			

Are you now, or could you possibly be pregnant?  Yes  No

Nutrition: Have you had unexplained weight loss or gain of 10# or more in the last six months?  Yes  No

Do you have any questions or concerns about your diet?  Yes  No

Because violence is so common in families today, we've begun to ask about it routinely are you in a current relationship in which you have ever been hurt or threatened?  Yes  No

If yes, would you like to speak with someone about this, or do you need resource information?  Yes  No

Are you receiving services from a Home Health Agency?  Yes  No

Have you fallen within the last 3 months?  Yes  No

How many physical therapy visits have you received this calendar year at any clinic? \_\_\_\_\_

At the present time, would you say your health is:  Excellent  Very Good  Good  Poor

How do you prefer to learn?  Reading  Listening  Demonstration  Pictures/Visual

*This information is complete and accurate to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Updated: \_\_\_\_\_ Date: \_\_\_\_\_

Updated: \_\_\_\_\_ Date: \_\_\_\_\_

Updated: \_\_\_\_\_ Date: \_\_\_\_\_

Updated: \_\_\_\_\_ Date: \_\_\_\_\_



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IF NOT LABELED, PLEASE PRINT ACCOUNT NUMBER AND NAME