

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: _____



St. Luke's Hospital

1026 A Avenue NE
 Cedar Rapids, IA 52406
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IF NOT LABELED, PLEASE PRINT ACCOUNT NUMBER AND NAME