ARIZONA MULTISPORTS PHYSICAL THERAPY LLC

Wellness with Motion
Since 2009

Past Medical History

BLOOD PRESSURE	Yes	No
Hypertension	☐	☐
Low Blood Pressure	☐	☐

HEART DISEASE	Yes	No
Heart Attack	☐	☐
Atherosclerotic Disease	☐	☐
Myocardial Infarction	☐	☐
Rheumatic Disease	☐	☐
Heart Murmur	☐	☐
Pacemaker	☐	☐

MUSCLE CONDITION	Yes	No
Carpal Tunnel: R / L	☐	☐
Tennis Elbow: R / L	☐	☐
Back / Neck Problems	☐	☐

LUNGS	Yes	No
Asthma	☐	☐
Emphysema	☐	☐
Shortness of Breath	☐	☐

JOINT CONDITIONS	Yes	No
Surgical Implants	☐	☐
Dislocation	☐	☐
Osteoarthritis	☐	☐

OTHER CONDITIONS	Yes	No
Cancer	☐	☐
Diabetes	☐	☐
Rheumatic Arthritis	☐	☐
Multiple Sclerosis	☐	☐
Epilepsy / Seizures	☐	☐
Gout	☐	☐
Fibromyalgia	☐	☐
Poor Eyesight	☐	☐
Fainting	☐	☐
Polio	☐	☐
Osteoporosis	☐	☐
Stroke / CVA	☐	☐
Previous Fractures	☐	☐
Previous Surgeries	☐	☐

OTHER: _____

EXERCISE	WORK ACTIVITY	STRESS LEVEL	HABITS	
☐ None	☐ Sitting	☐ Low	☐ Smoking	Packs a Day: _____
☐ 1-2 x Week	☐ Standing	☐ Medium	☐ Alcohol	Drinks a Weeks: _____
☐ 3-4 x Week	☐ Light Labor	☐ High	☐ Coffee / Soda	Cups a Week: _____
☐ 5+ x Week	☐ Heavy Labor			

Medication / Vitamins / Supplements: _____

_____

_____

Surgeries:	Date:	Surgeries:	Date:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you pregnant? ☐ Yes ☐ No If yes, what week? _____

Have you had injuries related to work? ☐ Yes ☐ No If yes, list body part and date: _____

_____

Have you had any Auto Accidents? If yes, list body part and date: _____

_____

Have you had Physical Therapy or Massage Therapy before? ☐ Yes ☐ No Where:

_____ _____

Signature of Patient / Parent / Guardian / Personal Representative Date