

## Foley Physical Rehab Patient History Form

Patient Name: \_\_\_\_\_

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

### Medical History (Please Check if it applies)

Do you smoke? (If so how much?): \_\_\_\_\_

Caffeine drinks per day: \_\_\_\_\_

Alcohol use: \_\_\_\_\_

Mental Illness: \_\_\_\_\_

High Blood Pressure: \_\_\_\_\_

Heart Trouble: \_\_\_\_\_

Pace Maker: \_\_\_\_\_

Asthma: \_\_\_\_\_

Lung Disease: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Arthritis (Type?): \_\_\_\_\_

Seizures: \_\_\_\_\_

Cancer (Where?): \_\_\_\_\_

Bleeding Disorder: \_\_\_\_\_

Drug Allergies/Latex Allergies: \_\_\_\_\_

Urinary Problems: \_\_\_\_\_

Pregnancy (How Far Along?): \_\_\_\_\_

How Many Pregnancy's Total? \_\_\_\_\_

C-Sections (How Many?): \_\_\_\_\_

Past or Present Victim of Abuse: \_\_\_\_\_

Surgeries (Please list approximate dates):  
\_\_\_\_\_

Medications (Please list dosage and frequency):  
\_\_\_\_\_  
\_\_\_\_\_

Other illnesses or injuries:  
\_\_\_\_\_  
\_\_\_\_\_

Occupation:  
\_\_\_\_\_

### Present Symptoms

Where is your pain or problem located? \_\_\_\_\_

Describe your present pain: ( \_\_sharp, \_\_dull, \_\_ache, \_\_ Increased Pain @ night, \_\_ Numbness, \_\_ Tingling, \_\_Poor Balance )

Please rate your pain from "0"=no pain to "10"=the worst pain you could imagine:(Circle One)Now 0 1 2 3 4 5 6 7 8 9 10  
At Worst 0 1 2 3 4 5 6 7 8 9 10

Activities that make your pain Worse: \_\_ Sitting                      BETTER: \_\_ Sitting  
  \_\_ Standing    \_\_ Standing  
  \_\_ Walking    \_\_ Walking  
  \_\_ Lying Down    \_\_ Lying Down

When did your present problem or flare-up start? (Approx. Date) \_\_\_\_\_

Have you had prior treatment for this problem? (Approx. Date) \_\_\_\_\_

How Did the injury occur? \_\_\_\_\_

Have you had any other tests for this condition? \_\_ X-Ray \_\_MRI \_\_ CT Scan Date of most recent test \_\_\_\_\_

If so where, and was it successful? \_\_\_\_\_

Do you have frequent Headaches? How Often? \_\_\_\_\_

Do you exercise presently? (If so how often and what type?) \_\_\_\_\_

What is your present condition preventing you from doing that you would like to resume? \_\_\_\_\_

At the present time would you say your health is (circle one) EXCELLENT, VERY GOOD, FAIR OR POOR?

### Coaching Consent

I give consent for the Physical Therapist, Physical Therapist Assistant, and/or the Athletic Trainer to update the coach from the sport in which my son/daughter participates in.

\_\_\_\_\_ I give consent to update all coaches working with my son/daughter.

\_\_\_\_\_ I give consent to update \_\_\_\_\_ (List specific coaches).

X \_\_\_\_\_

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