BUSYBODY
FITNESS & REHAB

Medical History Form

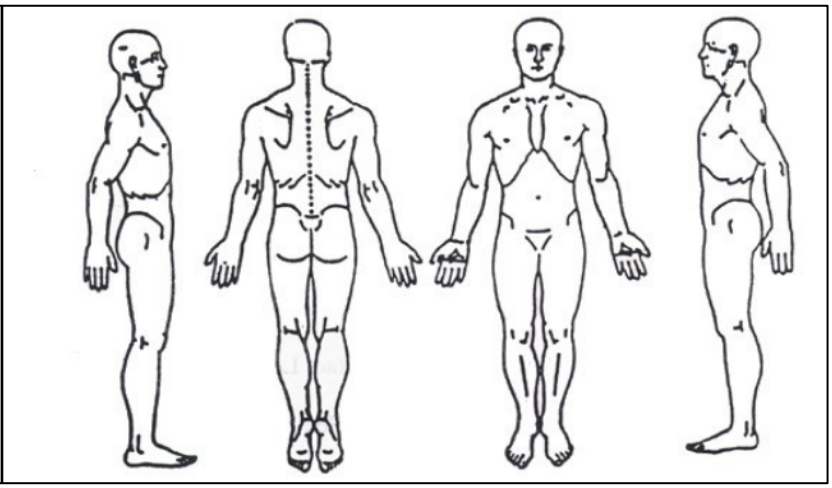
Patient Name: _____ DOB: ___/___/____ Diagnosis or Problem Area:_____

Describe the problems or limitations you are having now. _____

_____

What activities aggravate your injury / problem area? _____

What activities relieve your injury / problem area? _____

Pain Diagram: Use symbols below to mark diagram **Description:** ^^^ = Aching /// = Numbness >>> = Stabbing xxx = Burning 000 = Pins / Needles +++ = Throbbing **Is the pain getting:** □**Better** □**Worse** □**No Change**	

List your medications (attach list if needed):

_____

_____

_____

Please check as many of the following conditions that apply to you. Are you currently or have you ever experienced the following:

□Chest Pain
□Heart Attack
□High Blood Pressure
□Low Blood Pressure
□Tuberculosis
□Imbalance / Frequent Falls
□Bleeding / Bruising Problem
□Blood Clots
□Respiratory Disease
□Smoking
□Head Injury
□Visual/hearing impairment
□Stroke
□Pace Maker
□Blackouts
□Arteriosclerosis
□Dizziness
□Poor Circulation
□Cancer
□Severe Night Pain
□Night Sweats
□Osteoporosis
□Diabetes
□Numbness to Hands or Feet
□Seizures
□Osteoarthritis
□ High Blood Cholesterol (Hyperlipidemia)
□Rheumatoid Arthritis
□Skin Rash / Disease
□HIV / AIDS
□Hepatitis
□Difficulty Breathing/Shortness of Breath
□Pregnancy
□Bowel / Bladder Problems

Rate your pain from 0-10 as follows:

0-1 No Pain
2-3 Mid Pain
4-5 Moderate/Discomforting
6-7 Distressing/Severe Pain
8-9 Intense/Very Intense
10 Severe/Unbearable

Now: _____ **At its Best:** _____ **At its Worst:** _____

I certify, to the best of my knowledge that the above information is complete and true. If my medical health status changes, I will inform a member of the Busybody Fitness and Rehab Staff immediately.

Patient Name (Please Print): _____ Date of Birth: _____

Patient Signature: _____ Date: _____

Parent Consent to Treat a Minor (for patients under the age of 18)

Being the parent or legal guardian of _____(minor's printed name), I _____ (parent/guardian printed name) hereby authorize Busybody Fitness and Rehab, PLLC to perform physical therapy evaluation and/or treatment of the above mentioned minor.

Minor's Date of Birth: _____

Parent/Legal Guardian Signature _____ Date _____