BUSYBODY
FITNESS & REHAB

Medical History Form

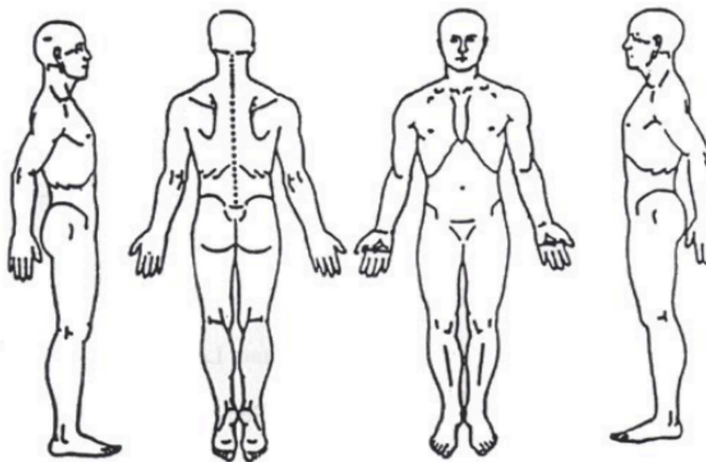
Patient Name: _________________________ DOB: ___/___/____ Diagnosis or Problem Area:___________________

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 ________________