



Therapy Medical Information

STATEMENT: The purpose of this form is to obtain pertinent medical information for your therapist, in coordination with your rehabilitation progr PAST MEDICAL HISTORY: Major operations or hospitalizations: Medications currently using (including over the counter and herbals):	NAME:								
Medications currently using (including over the counter and herbals): Medications currently using (including over the counter and herbals):		ain peπinent medicai	ıntormatio	n tor your tnerap	ist, in coordination (vitn yo	ur renad	ollitatio	n progran
Medications currently using (including over the counter and herbals): Allergies: Are you allergic to any medications?									
Allergies: Are you allergic to any medications? Are you allergic to latex (rubber)? Are you allergic to Cortisone? Yes No	major oporatione or neophanizatione.								
Are you allergic to latex (rubber)?	Medications currently using (including o	er the counter an	d herbals):					
Diabetes Cancer/Leukemia/Lymphoma High Blood Pressure Dizziness Heart Trouble Pacemaker Asthma/Emphysema/COPD Arthritis/Gout Epilepsy/Seizure Neurological Disease/Stroke Osteoporosis MRSA, VRE or C-diff Depression/Anxiety PLEASE MARK YES OR NO Are you receiving therapy or nursing services from a Home Health Agency?	Are you allergic to latex (rub Are you allergic to Cortison	ober)? □ Ye e? □ Ye	s □ No s □ No		e document:				
Diabetes Cancer/Leukemia/Lymphoma High Blood Pressure Dizziness Heart Trouble Pacemaker Asthma/Emphysema/COPD Arthritis/Gout Epilepsy/Seizure Neurological Disease/Stroke Osteoporosis MRSA, VRE or C-diff Depression/Anxiety PLEASE MARK YES OR NO Are you receiving therapy or nursing services from a Home Health Agency?	REVIEW OF SYSTEMS: Have you ever			Please X):	Comm	nents			
High Blood Pressure Dizziness Heart Trouble Pacemaker Asthma/Emphysema/COPD Arthritis/Gout Epilepsy/Seizure Neurological Disease/Stroke Osteoporosis MRSA, VRE or C-diff Depression/Anxiety PLEASE MARK YES OR NO Are you receiving therapy or nursing services from a Home Health Agency?	Diabetes								
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Heart Trouble Pacemaker Asthma/Emphysema/COPD Arthritis/Gout Epilepsy/Seizure Neurological Disease/Stroke Osteoporosis MRSA, VRE or C-diff Depression/Anxiety PLEASE MARK YES OR NO Are you receiving therapy or nursing services from a Home Health Agency?	High Blood Pressure								
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Osteoporosis MRSA, VRE or C-diff Depression/Anxiety PLEASE MARK YES OR NO Are you receiving therapy or nursing services from a Home Health Agency?									
MRSA, VRE or C-diff Depression/Anxiety PLEASE MARK YES OR NO Are you receiving therapy or nursing services from a Home Health Agency?	-								
Depression/Anxiety PLEASE MARK YES OR NO Are you receiving therapy or nursing services from a Home Health Agency?	•								
Are you receiving therapy or nursing services from a Home Health Agency? Yes No Is transportation to or from therapy a concern for you? Yes No Do you feel unsteady when walking or standing? Yes No Has there been increased difficulty or more help needed with medications, cooking or driving? Yes No 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 now, or could you possibly be pregnant? 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 information is complete and accurate to the best of my knowledge. IERAPY MEDICAL INFORMATION ge 1 of 1									
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At the present time, would you say your health is:	Are you now, or could you possibly be p	regnant?					Yes		No
How do you prefer to learn?	How many physical therapy visits have y	you received this	calendar	year at any c	inic?				
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ient Signature: Date: HERAPY MEDICAL INFORMATION ge 1 of 1 PATIENT LABEL	How do you prefer to learn? □ Rea	ading 🗆 Listeni	ng 🗆 🗆	Demonstratio	n 🗆 Pictures	/Visu	ıal		
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