



Therapy Scan



UnityPoint Health

Quad Cities, Illinois/Iowa

Moline 16th Street

Moline 44th Ave Drive

Davenport 53rd Street

Trinity Physical Rehabilitation

Date: _____

Lung Disease

- _____ Asthma
- _____ Bronchitis
- _____ Emphysema
- _____ Pneumonia
- _____ Tuberculosis – exposed to / treated for
- _____ Cystic Fibrosis

Kidney Disease

- _____ Kidney Stones
- _____ Kidney Infection
- _____ Bladder Infection

Heart Disease

- _____ Hypertension/High Blood Pressure
- _____ Heart Attack
- _____ Heart Murmur
- _____ Artery Disease

Other

- _____ Stroke – CVA
- _____ Epilepsy
- _____ Diabetes: List Complications: _____
- _____ Do you smoke? How much? _____
- _____ Caffeine intake: _____
- _____ Pop _____ Tea _____ Coffee _____
- _____ Alcohol or Drug use _____
- _____ Depression _____
- _____ Ulcer Disease – Gastric or Duodenal _____
- _____ Hiatal Hernia or Gastric Reflux _____
- _____ HIV _____
- _____ Hepatitis – A, B, or C _____
- _____ Fracture/Broken Bones _____
- _____ Concussion _____
- _____ Cancer – List location: _____

Other: _____

Family History: Circle if applicable

Diabetes, Hypertension, Heart Disease, Stroke
Hereditary Disease, Cancer (List)

Surgeries / Operations (List Year)

- _____ Bladder
- _____ Tonsillectomy
- _____ Appendectomy
- _____ Hysterectomy
- _____ Cholecystectomy – Gallbladder
- _____ Mastectomy
- _____ D & C
- _____ Back
- _____ Joint Replacement: _____
- _____ Heart: _____
- _____ Prostate
- _____ Tubal Ligation
- _____ Other: _____
- _____
- _____

Screening Questions

Any recent unintentional weight loss of 10%
usual body weight within the last 3-6 months? Yes No

Any need to see a Dietician for special nutrition/
health care needs? Yes No

Do you have any housing, food, or general
health care needs? Yes No

Are you in a relationship where someone has
physically or emotionally hurt you? Yes No

Have you experienced low moods/sadness/panic
like conditions? Yes No

Medications (List)

Allergies (List)

Cancellation Policy / No Show Policy:

After 2 missed visits you may be removed from the therapist's schedule.

Signature _____

Personal Medical History

