Health History Form

1. Please check if you have or have ever had:

- □ Arthritis
- □ Joint or bone surgery fractures
- □ Osteoporosis
- □ Metal implants
- □ Circulation/vascular problems
- □ Heart problems
- □ Pacemaker
- □ Head injury
- □ Loss of balance/falls
- □ Difficulty walking
- □ Difficulty sleeping
- □ Difficulty swallowing
- □ Neurological problems (Parkinsons, Multiple Sclerosis, etc.)
- □ Back problems
- □ Developmental
- □ Abnormal EKG/ Stress test
- □ Kidney problems
- □ Low blood sugar/ hypoglycemia
- □ Diabetes/high blood sugar
- □ Blood disorders
- □ Seizures/epilepsy
- □ High blood pressure
- □ Thyroid problems
- □ Stroke
- □ Chest pain
- □ Mesothelioma
- □ Lung disease or shortness of breath
- □ Lung problems
- □ (specify _____)
- □ Cancer
- □ Infectious disease
- □ Hepatitis
- □ Repeated infections
- □ Ulcers/stomach problems
- □ Skin diseases
- □ Depression
- □ Loss of appetite
- □ Nausea/vomiting
- □ Headaches
- □ Hearing problems
- □ Dizziness or blackouts
- □ Vision problems
- □ Other:_____ _____
- □ If child: current with immunizations
- □ If female: current pregnancy

Please explain any box needing explanation: _____
_____
_____
_____

2. Have you ever had surgery? _____ If yes, please describe and include dates: _____
_____

3. List any allergies, including medications: _____

4. Have you had any testing done recently (x-rays, MRI, blood tests, etc)? If so, what tests & where did you receive them? _____
_____

5. Do you have any sores that have not healed or any changes in size or color of a wart or mole?
_____

6. Do you smoke?_____ If so, how much?_____

7. Please describe the symptoms in which you seek physical therapy _____
_____
_____

- Date of next physician appointment: _____

- **ADDITIONAL INFORMATION:** How did you hear about Integrity Therapy Group? (Check all that apply)

□ Employer □ Family / Friend □ Former Patient □ Physician □ Radio □ Signage □ Yellow Pages
□ Magazine □ Newspaper □ Insurance Co. □ Other _____

I have read and completed this form to the best of my knowledge:

_____
Print Name

_____ _____
Signature Date