

CENTRAL PHYSICAL THERAPY WELLNESS
13111 HOOPER RD
BATON ROUGE, LA 70818
225-261-7094 FAX:225-261-7095

MEDICAL HISTORY

Last Name _____ First Name _____ DOB _____

YES NO Are you under the care of a physician? If yes, please explain: _____

When was your last physical exam? _____

YES NO Have you had any serious illnesses, operations, or been hospitalized in the last five years? If yes, please explain: _____

YES NO Are you taking any medication, including non-prescription medication? If yes please list on form on back

YES NO Do you have any disease or problem not listed below that you feel we should know about? _____

Do you have, or have had, any of the following diseases or problems:

- | | | |
|-------------------------|-----------------------|-----------------------------|
| YES NO Acute Hernia | YES NO Fibromyalgia | YES NO Renal Disease |
| YES NO Acute Thrombosis | YES NO Hearing | YES NO Rheumatoid Arthritis |
| YES NO Alcoholism | YES NO Heart Disease | YES NO Respiratory |
| YES NO Anemia | YES NO Hypertension | YES NO Seizures |
| YES NO Cancer | YES NO Nervousness | YES NO Severe Diabetes |
| YES NO Circulatory | YES NO Osteoarthritis | YES NO Severe Migraine |
| YES NO Depression | YES NO Osteoporosis | YES NO Stroke |
| YES NO Diabetes | YES NO Pacemaker | YES NO Thrombophlebitis |
| YES NO Discopathy | YES NO Phelbitis | YES NO Tumors |
| YES NO Drug Abuse | YES NO Pregnancy | YES NO Visual Disturb |
- YES NO Epilepsy
- YES NO Existing retinal detachment or any predisposition to retinal detachment
- YES NO Gall bladder problems relating to lymphatic drainage
- YES NO Hip or knee implants depending on exercise clearance
- YES NO Recent bites by venomous insects, spider, reptiles, or any other animal
- YES NO Recent wounds from surgery
- YES NO Recently placed IUD's, metal pins or plates
- YES NO Risk of pulmonary embolism
- YES NO Serious cardiovascular disease

Patient Signature (Guardian)

Date