2607 S. Southeast Blvd.
Suite B-150
Spokane, WA 99223
(509) 532-8114

NAME:________________________________ DOB: _______________________________

YOUR MEDICAL HISTORY (Please check all that apply)

__ Allergies	__ Diabetes I	__ Kidney difficulties	__ Osteoarthritis
__ Arthritis	__ Diabetes II	__ Low Blood Sugar	__ Parkinson's
__ Asthma	__ Epilepsy/Seizures	__ Lung Disorder	__ Skin Disease
__ Blood Disorder	__ Fibromyalgia	__ Lupus	__ Stroke
__ Broken Bones	__ Fractures (suspected)	__ Multiple Sclerosis	__ Thyroid
__ Cancer (current)	__ Heart Disorder	__ Muscular Dystrophy	__ Trauma (brain)
__ Cancer (history)	__ High Blood Pressure	__ Obesity	__ Vascular
__ Depression	__ Infectious Disease	__ Osteoporosis	__ Other______

SURGICAL HISTORY

List Significant Surgeries Within the Last 3 years and Dates

a.	b.
c.	d.
e.	f.

MEDICATIONS

Please list all current medications you are taking? (including non-prescription drugs)

a.	b.
c.	d.
e.	f.

CURRENT/GENERAL HEALTH

1. Overall perceived health
   - Excellent
   - Good
   - Fair
   - Poor

2. How often do you exercise?
   - 5 times a week or more
   - 3-4 times a week
   - 3 times a week or less
   - Rarely

3. Do you smoke? (Circle one) YES NO

4. Do you drink? YES NO Days per week ____ Drinks per day ___

5. Height: ______________ Weight: ______________

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6. Have you had any falls in the last 12 months? YES NO

7. Did any of your falls result in injury? YES NO

8. Do you feel safe in your current living situation? YES NO

9. Feeling down, depressed or hopeless? (Circle one)

   Not at all   Several Days   More than half the days   Nearly every day

CURRENT/CHIEF COMPLAINT

1. How were you injured? ______________________________

2. Activities you are unable to do now due to pain or injury? ______________________________

____

3. Pain Level: (none=0/worst=10) ______________

4. List X-rays, MRI, Bone Scans for this condition: ______________________________

____

5. Pertinent accidents or injuries and dates: ______________________________

____

6. Personal goals for therapy: ______________________________

____

7. What are your hobbies and interests? ______________________________

____