

Patient Name:

Date:

MEDICAL HISTORY

Table with columns for GENERAL, NEUROLOGICAL, HEMATOLOGIC, and MUSKULOSKELETAL, listing various medical conditions and symptoms with YES/NO response options.

Other illness or diseases that are not listed? Please describe.

Table with columns for MEDICATION and FREQUENCY, used for recording current medications.

FAMILY HISTORY

Please check if any of your family (parents, brothers, sisters, grandparents) have a history of the following:

Table with columns for YES/NO, listing family history items such as Diabetes, Heart disease, and Cancer.

SOCIAL HISTORY

Table with columns for weight, height, occupation, smoking status, and alcohol/drug use.

Please list all sports and hobbies you are involved in:

Therapist Signature (I have reviewed this information with this patient.) Date