Health History

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 _____

8. Is the reason you are seeking physical therapy due to an Injury: Yes_____ No___
If due to injury, please give Date:_____ and description of injury_____

- Date of next physician who referred you to Integrity appt: _____
- **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:

_____ _____
Signature Date