

**JPT[®]****JAMAICA PHYSICAL THERAPY P.C.****"Where Quality And Effective Treatment Count"sm**

Past Medical History

Patient Name _____**DOB** _____

1. Have you ever had a history of:

☐ Cancer
☐ Tumor
☐ Allergies
☐ Ulcers
☐ Strokes
☐ Asthma
☐ Migraine

☐ Diabetes
☐ Gout
☐ Gall stones
☐ Leukemia
☐ Arthritis
☐ Epilepsy
☐ Tuberculosis

☐ Kidney disease
☐ Kidney stones
☐ High blood pressure
☐ Lung disease
☐ Mental disorders
☐ Suicide
☐ Heart disease

2. Medical Illnesses or Hospitalizations: (describe briefly)

_____ What year _____

_____ What year _____

3. Surgical Operations: _____ What year _____

_____ What year _____

4. Broken Bones or Accidents: _____ What year _____

_____ What year _____

5. What Medications are you currently taking:

6. Habits:

_____ Tobacco _____ Alcoholic Beverages _____ Other

7. Social History:

Are you currently working? _____ Yes _____ No
Do you live in an Apartment? _____ Yes _____ No
Do you live in a Home? _____ Yes _____ No
Do you have to climb stairs? _____ Yes _____ No
Do you have an elevator? _____ Yes _____ No
Do you have a railing? _____ Yes _____ No

8. Bones, Muscles and Joints

_____ Aching muscles	_____ Aching joints	_____ Swollen joints
_____ Popping in joints	_____ Rheumatoid arthritis	_____ Sciatica
_____ Infection in joints	_____ Infection in bones	_____ Joint stiffness
_____ Pain in hips, knees, ankles and with walking	_____ Other	

9. Previous Examinations:

_____ X-Ray	When _____
_____ MRI	When _____
_____ Cat Scan	When _____