



# PT by the Sea, Inc

Physical Therapy

1721 Allens Lane Ste.101 ~ Wilmington, NC 28403 ~ (910) 256-4442

## Physical Therapy Questionnaire and Medical History Form

1. Do you have any allergies to medications, food, latex or tape? YES/NO

Please list: \_\_\_\_\_

2. What medications are you currently taking? None \_\_\_\_\_

3. Do you have a history of the following:

knee surgery	yes	no	chest pain/angina	yes	no
hip surgery	yes	no	high blood pressure	yes	no
back surgery	yes	no	stroke	yes	no
neck surgery	yes	no	heart trouble	yes	no
shoulder surgery	yes	no	ulcers	yes	no
back/neck pain	yes	no	difficulty swallowing	yes	no
broken bones	yes	no	anemia	yes	no
arthritis	yes	no	diabetes	yes	no
difficulty breathing	yes	no	cancer	yes	no
asthma	yes	no	thyroid disease	yes	no
lung disease	yes	no	hepatitis	yes	no
tuberculosis	yes	no	kidney disease	yes	no
hearing loss	yes	no	HIV/AIDS	yes	no
headaches	yes	no	Seizures	yes	no
head injury	yes	no	spinal cord injury	yes	no
memory loss	yes	no	amputations	yes	no
visual problems	yes	no	are you pregnant?	yes	no
dizziness	yes	no	Other surgeries	yes	no

Please comment on the items you circled yes: \_\_\_\_\_

How old are you? \_\_\_\_\_

Please provide specific information on surgical procedures listed above including dates, name of procedure, right or left side, etc.: \_\_\_\_\_

Do you have any specific limitations we should know about due to past medical history or doctors recommendations? Please list here: \_\_\_\_\_

I agree the above stated information is current and accurate to the best of my knowledge.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_