HANDS ON HEALING

MEDICAL HISTORY

Name: _____ Date: _____

Who is your Primary Care Physician?_____

1. During the past 3 months have you been seen by (check all that apply)?

❑ Medical Doctor (MD) ❑ Chiropractor ❑ Physical Therapist ❑ Massage Therapist
❑ Acupuncturist ❑ Osteopath (DO) ❑ Emergency Room Physician

2. Please list all surgeries and serious illnesses including year:

SURGERIES	YEAR	SERIOUS ILLNESSES	YEAR

3. Have you EVER been diagnosed as having any of the following conditions (Please check all that apply)?

❑ Cancer ❑ Diabetes (sugar) ❑ Kidney Disease ❑ Heart Attack
❑ Multiple Sclerosis ❑ Epilepsy/Seizures ❑ High Blood Pressure ❑ Rheumatoid Arthritis
❑ Anemia ❑ Asthma ❑ Other Arthritic conditions ❑ Fibromyalgia
❑ Emphysema ❑ Depression/Anxiety ❑ Osteoporosis/Osteopenia ❑ Hepatitis
❑ Stroke ❑ Thyroid Problems ❑ Tuberculosis
❑ Dependence on drugs/alcohol ❑ Other (please list) _____
_____

4. Do you presently have any of the following ?

❑ Productive Cough ❑ Night Sweats ❑ Weight Loss
❑ Coughing Up Blood ❑ Fever ❑ Lethargy/Weakness

5. Please list any broken bones you have had and when:

_____
_____

6. For women: Are you pregnant? ❑ Yes ❑ No Are you possibly pregnant? ❑ Yes ❑No

CURRENT MEDICATIONS

PRESCRIPTION DRUGS FOR	NAME OF DRUG	DOSAGE/FREQUENCY
Pain or inflammation		
Heart condition		
Depression/anxiety		
Blood pressure		
Thyroid condition		
Hormone replacement		
Diabetes		

7. At this time would you say your health is: ❑ Excellent ❑ Good ❑ Fair ❑ Poor

8. Occupation: _____
Job Duties:_____
Is your current condition preventing you from working in your regular job? ❑ Yes ❑ No
If yes, are you working light duty? ❑ Yes ❑ No Performing a different job? ❑ Yes ❑ No
Out of work? ❑ Yes ❑ No Is your goal to return to your regular job? ❑ Yes ❑ No

9. Hobbies / Leisure Time Activities:_____
_____

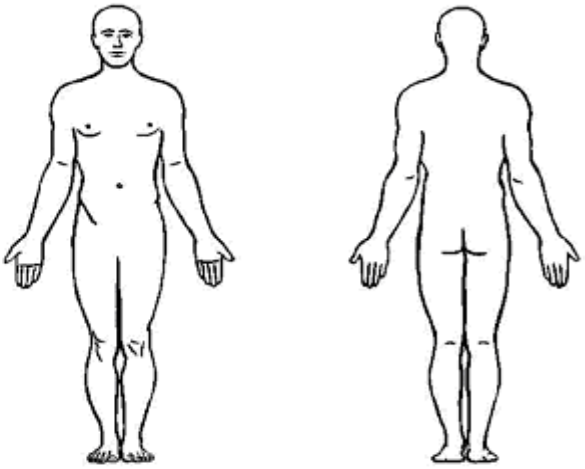
10. What is your primary reason for your appointment with John Leonard, PT, LMBT?

_____
_____

11. How long have you had this current problem(s)?

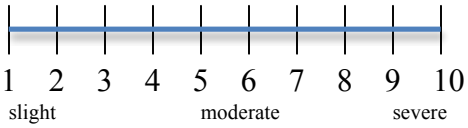
_____

12. If you are seeing me because of pain, mark the areas of pain by circling or shading the corresponding areas on the figure below:

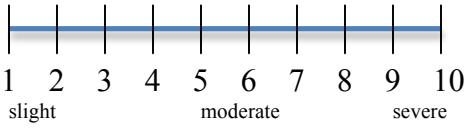


X = Pain O = Numbness

What is your ***usual*** pain level?



At its ***worst*** what is your pain level?



At its ***best*** what is your pain level?