

ALASKA PHYSICAL THERAPY SPECIALISTS P.C.

3650 LAKE OTIS PKWY STE 201 ANCHORAGE, AK 99508
 PH: 907-561-4280 FAX: 907-561-4282 E: AKPTSPC@ACSSALASKA.NET

PATIENT MEDICAL HISTORY

Name: _____ CHART # _____

Referring Doctor: _____

Have you had surgery for this injury? YES NO

Type of surgery: _____

Are you currently taking any prescription medications? YES NO

List medications: _____

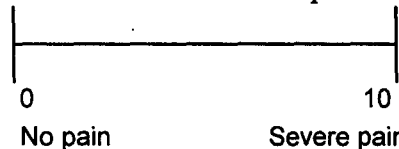
Is this a work / auto injury? Date of injury _____

List any information or health concerns that would assist us in your care.

Do you now or have you ever had any of the following?

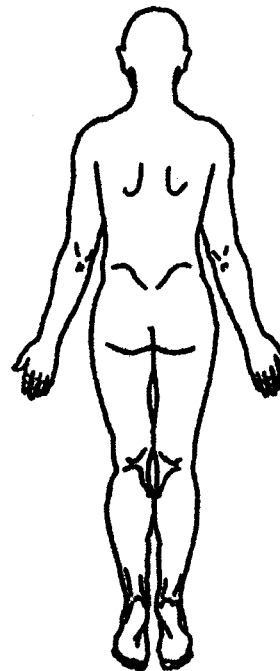
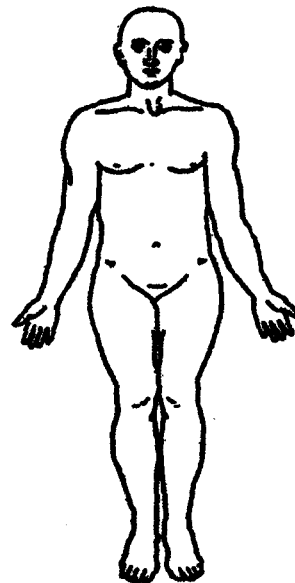
- | | | |
|------------------------------------|-----|----|
| Asthma, bronchitis, or emphysema | yes | no |
| Shortness of breath / chest pain | yes | no |
| Coronary heart disease | yes | no |
| Do you have a pacemaker? | yes | no |
| High blood pressure | yes | no |
| Heart attack/ heart surgery | yes | no |
| Stroke / TIA | yes | no |
| Congestive heart disease | yes | no |
| Blood clot / emboli | yes | no |
| Epilepsy / seizures | yes | no |
| Anemia | yes | no |
| Infectious diseases | yes | no |
| Diabetes | yes | no |
| Cancer / chemotherapy / radiation | yes | no |
| Arthritis | yes | no |
| Osteoporosis | yes | no |
| Sleeping problems or difficulties | yes | no |
| Emotional / Psychological problems | yes | no |
| Increased stress | yes | no |
| Severe or frequent headaches | yes | no |
| Vision / hearing difficulties | yes | no |
| Spinal Surgery | yes | no |
| Numbness or tingling | yes | no |
| Dizziness or fainting | yes | no |
| Bowel or bladder problems | yes | no |
| Weakness | yes | no |
| Weight loss / Energy loss | yes | no |
| Allergies | yes | no |
| Pins or metal implants | yes | no |
| Joint replacement surgery | yes | no |
| Are you pregnant? | yes | no |
| Do you use tobacco? | yes | no |

Please indicate current pain level



Please indicate what type of pain and where

- ↑ SHARP PAIN
- + NUMBNESS/TINGLING
- * BURNING
- ACHING



Patient / Guardian Signature

Date