

Hand & Orthopedic Rehab Clinic
MEDICAL HISTORY FORM

PATIENT NAME: TODAY'S DATE:
REFERRING PHYSICIAN'S NAME: DATE OF INJURY OR ONSET:
PRIMARY CARE PHYSICIAN'S NAME: ARE YOU PRESENTLY WORKING? Y N
CAUSE OF INJURY OR ONSET: DATE OF NEXT MD APPT:

WHAT IS YOUR REASON FOR ATTENDING THERAPY:

BECAUSE OF YOUR PROBLEM, WHAT SPECIFIC ACTIVITIES ARE YOU HAVING DIFFICULTY WITH?

- 1.
2.
3.

WHAT ARE YOUR PERSONAL GOALS/OUTCOMES YOU HOPE TO ACHIEVE FROM THERAPY?

- 1.
2.
3.

DESCRIBE YOUR GENERAL HEALTH: (circle one) EXCELLENT GOOD FAIR POOR
DO YOU USE TOBACCO? (circle one) YES NO IF YES, HOW MUCH?

HAVE YOU RECENTLY BEEN HOSPITALIZED OR HAD SURGERY? YES NO IF YES, WHEN AND WHY

HAVE YOU HAD PRIOR PHYSICAL/OCCUPATIONAL THERAPY FOR THIS CONDITION? (circle one) YES NO
WHAT WAS DONE? / WHAT WERE THE RESULTS?:

HAVE YOU HAD PRIOR PHYSICAL THERAPY THIS CALENDAR YEAR? (circle one) YES NO
WAS IT RECEIVED AT: (circle one) HOSPITAL OUT PATIENT CENTER HOME HEALTH
FOR HOW LONG?

CURRENT MEDICATIONS:

ALLERGIES: Medication Reaction Other Reaction

ARE YOU ALLERGIC TO LATEX? (circle one) YES NO If yes what is the Reaction
Are you Allergic to Dexamethasone? YES NO If yes what is the Reaction

DO YOU NOW OR HAVE YOU EVER HAD ANY OF THE FOLLOWING CONDITIONS? (check all that apply)

- ANEMIA, ARTHRITIS, CANCER, CARDIOVASCULAR PROBLEMS, HOLTER MONITOR - currently wearing?, PACEMAKER, HIGH BLOOD PRESSURE, LOW BLOOD PRESSURE, CURRENTLY PREGNANT, DIABETES, DEPRESSION, DIZZINESS/FAINTING, FRACTURES, HEADACHES, HEPATITIS/HIV, KIDNEY PROBLEMS, MRSA, OSTEOPOROSIS, RESPIRATORY PROBLEMS, ASTHMA, COPD, SEIZURES, THYROID PROBLEMS

If checked any above, explain:

ANY OTHER MEDICAL PROBLEMS:

SIGNATURE OF PATIENT: REVIEWED BY Therapist: Date

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