

PROGRESSIVE STEP REHABILITATION of ORANGE PARK PAST MEDICAL HISTORY

	Yes	No	Detail Remarks		Yes	No	Detail Remarks
Diabetes				Arthritis joint problems			
High blood pressure				Metal implants			
Heart Disease				Currently Pregnant			
Previous strokes – CVA				Visual/Hearing problems			
Smoke Cigarettes/Cigars				Reactions to heat/cold			
Epilepsy/Seizures				History of cancer			
Asthma/Respiratory Disease				Immune Disorder			
Numbness/Tingling				Communicable disease			
Dizziness				Headaches			
Shortness of breath				Blood clot			
Heart Attack				Pace maker			

ALLERGIES	
PREVIOUS SURGERIES	
PREVIOUS FRACTURES or SPRAINS	
MEDICATIONS	

Please Check the Area of Your Current Problem:

___ Neck	___ Wrist ___ R ___ L
___ Upper Back	___ Hand ___ R ___ L
___ Lower Back	___ Hip ___ R ___ L
___ Tailbone	___ Knee ___ R ___ L
___ Shoulder ___ R ___ L	___ Leg ___ R ___ L
___ Arm ___ R ___ L	___ Ankle ___ R ___ L
___ Elbow ___ R ___ L	___ Foot ___ R ___ L

TODAYS LEVEL OF PAIN (0=no pain, 10=emergency room pain)

0	1	2	3	4	5	6	7	8	9	10
No Pain					Moderate Pain					Worst pain possible