Lifeline
Physical Therapy • Pulmonary Rehab

MEDICAL HISTORY

Have you or any immediate family members ever been told you have any of the following:

	SELF		FAMILY			SELF		FAMILY	
	YES	NO	YES	NO		YES	NO	YES	NO
Cancer					Angina/Chest pain				
Diabetes					Stroke				
High blood pressure					Osteoporosis				
Heart disease, Heart Attack, Heart Failure, Abnormal Beat					Rheumatoid arthritis				

Do you have a history of...

	YES	NO		YES	NO		YES	NO
Gastrointestinal disorder			Thyroid disease			Fractures:_____		
Live with someone who had tuberculosis			Incontinence			Ulcers		
COPD, Emphysema, other Lung disease			Pacemaker			Falls / Near falls		
PAD/ Circulation disease			Metal Implants			DVT		
A positive tuberculosis test			Neurological disorder			Seizures		
Sexually transmitted disease			Asthma			Kidney disorder		
Rheumatic fever			Sleep dysfunction			Other:		

In the past **3 months** have you had or do you experience any of the following:

	YES	NO		YES	NO		YES	NO
A change in your health			Difficulty Swallowing			Chest pain		
Changes in bowel or bladder function			Nausea/Vomiting			Loss of strength		
Fever/Chills/Sweats			Shortness of breath			Appetite change		
Unexplained weight change			Dizziness/Headaches			Urinary tract infection		
Upper respiratory infection			Numbness or tingling			Other:_____		

Are you currently...

Pregnant ☐ YES ☐ NO	Depressed ☐ YES ☐ NO	Under Stress ☐ YES ☐ NO

Are your symptoms (check one)	☐ Getting worse ☐ The Same ☐ Improving
How are you sleeping at night (check one)	☐ Fine ☐ Moderately Difficult ☐ Only with Medication
Do you have a problem with :	☐ Hearing ☐ Vision ☐ Speech ☐ Communication
How do you learn best?	☐ Hearing ☐ Doing ☐ Seeing
Do you, or have you in the past used tobacco?	☐ Yes ☐ No If yes, _____packs X _____ years Last tobacco use:_____
Do you drink alcoholic beverages?	☐ Yes ☐ No If yes, _____drinks per week

Allergies:_____

Current Medications:_____

_____

Past Surgeries:_____

_____

Date of last physical Exam:_____ Other:_____

_____ _____

Patient signature Date PT signature Date