Patient History Form

Buffalo Rehab Group

Name: _____ Age: _____ DOB: _____

Date of injury/onset of current symptoms _____ __

Have you ever had this problem before? YES ☐ NO ☐ If yes, when? _____ __

Occupation: _____ Are you on a work restriction from your doctor? **YES** ☐ **NO** ☐

Do you smoke? **YES** ☐ **NO** ☐ Are you latex sensitive? **YES** ☐ **NO** ☐

Do you have a pacemaker? **YES** ☐ **NO** ☐ Please list any known allergies _____

FOR WOMEN: Are you currently pregnant or think you might be pregnant? **YES** ☐ **NO** ☐

Have you RECENTLY noted any of the following (check all that apply)?

- ☐ fatigue
- ☐ fever/chills/sweats
- ☐ nausea/vomiting
- ☐ weight loss/gain
- ☐ falls
- ☐ difficulty maintaining balance
- ☐ numbness or tingling
- ☐ muscle weakness
- ☐ dizziness/lightheadedness
- ☐ heartburn/indigestion
- ☐ diarrhea
- ☐ constipation
- ☐ changes in bowel/bladder function
- ☐ difficulty swallowing
- ☐ shortness of breath
- ☐ fainting
- ☐ cough
- ☐ headaches
- ☐ currently feeling down or hopeless

Have you EVER been diagnosed with any of the following conditions (check all that apply)?

- ☐ Cancer
- ☐ Heart problems
- ☐ Chest pain/angina
- ☐ High blood pressure
- ☐ Circulation problems
- ☐ Blood clots
- ☐ Stroke
- ☐ Anemia
- ☐ Chemical dependency
- ☐ Depression
- ☐ Lung problems
- ☐ Tuberculosis
- ☐ Asthma
- ☐ Rheumatoid arthritis
- ☐ Other arthritic condition
- ☐ Bladder/urinary tract infection
- ☐ Sexually transmitted disease/HIV
- ☐ Incontinence
- ☐ Thyroid problems
- ☐ Diabetes
- ☐ Osteoporosis
- ☐ Fractures
- ☐ Multiple sclerosis
- ☐ Epilepsy
- ☐ Kidney problems
- ☐ Ulcers
- ☐ Liver problems
- ☐ Hepatitis
- ☐ Other:

Please list 3 activities that you are unable to do or having difficulty with as a result of your problem.

1. _____
2. _____
3. _____

Medication Assessment:
Please list any medications you are currently taking (including pills, injections, skin patches, vitamins, herbs, etc):

Medication Name	Dosage	Frequency	Route of Administration (select how you take this med)
			oral ☐ injection ☐ patch ☐
			oral ☐ injection ☐ patch ☐
			oral ☐ injection ☐ patch ☐
			oral ☐ injection ☐ patch ☐
			oral ☐ injection ☐ patch ☐
			oral ☐ injection ☐ patch ☐
			oral ☐ injection ☐ patch ☐
			oral ☐ injection ☐ patch ☐
			oral ☐ injection ☐ patch ☐