

Health Questionnaire



Name \_\_\_\_\_ Date \_\_\_\_\_

Reason For PT \_\_\_\_\_

Onset Date \_\_\_\_\_

Describe your symptoms \_\_\_\_\_

**Pain Level** (rate: 0-10 numerical scale where 0 = no pain and 10 = the worst imaginable.)

Current \_\_\_\_\_ Best \_\_\_\_\_ Worst \_\_\_\_\_

Location of your pain \_\_\_\_\_

Describe the pain: Dull \_\_\_ Achy \_\_\_ Throbbing \_\_\_ Sharp \_\_\_ Stabbing \_\_\_ Burning \_\_\_  
Shooting \_\_\_ Numbness \_\_\_ Tingling \_\_\_ Gripping \_\_\_ Boring \_\_\_

Constant 76-100% \_\_\_ Frequent 51-75% \_\_\_ Occasional 26-50% \_\_\_ Intermittent < 25 \_\_\_

What increases the pain \_\_\_\_\_

What reduces the pain \_\_\_\_\_

What are your limitations due to your complaint \_\_\_\_\_

Previous treatment for this problem: date and type \_\_\_\_\_

What are your goals from PT \_\_\_\_\_

Work/Recreational Activities \_\_\_\_\_

**Therapist Notes** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Questionnaire



Name \_\_\_\_\_ Date \_\_\_\_\_

**Medical History:** Please check all that apply and describe or give applicable dates.

High Blood Pressure \_\_\_\_\_ Heart Attack \_\_\_\_\_ Pacemaker \_\_\_\_\_ Stroke \_\_\_\_\_

Angina \_\_\_\_\_ COPD \_\_\_\_\_ Diabetes type: 1 \_\_\_\_\_ 2 \_\_\_\_\_ Cholesterol \_\_\_\_\_

HIV/AIDS \_\_\_\_\_ Tuberculosis \_\_\_\_\_ Flu \_\_\_\_\_ Pneumonia \_\_\_\_\_ Hepatitis \_\_\_\_\_

Allergies \_\_\_\_\_ Osteo-Arthritis \_\_\_\_\_

RA \_\_\_\_\_ Lupus \_\_\_\_\_ Fibromyalgia \_\_\_\_\_

Cancer \_\_\_\_\_ Osteoporosis \_\_\_\_\_

Mental Health \_\_\_\_\_ Epilepsy/Seizure \_\_\_\_\_

Memory Dysfunction \_\_\_\_\_ Balance Disorder/Falls \_\_\_\_\_

Smoke: Y or N or Quit \_\_\_\_\_ Exercise daily: Y or N \_\_\_\_\_

**BMI calculation:** weight = \_\_\_\_\_ height = \_\_\_\_\_

**Diagnostic Tests:** (List the date and place and the region examined)

X-ray \_\_\_\_\_

MRI \_\_\_\_\_

C-Scan /Other \_\_\_\_\_

**Medications** (or provide a copy of a list with dosages and times taken)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Therapist Notes** \_\_\_\_\_

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