

Access Physical Therapy, LLC  
198 E. Wesmark Blvd., Suite 1  
Sumter, SC 29150  
Phone (803) 774-2781 Fax (803) 774-2782

## PERSONAL MEDICAL HISTORY

Please complete the following information, sign, date, and return to the receptionist.

### PATIENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Female  Male

### MEDICAL INFORMATION

Do you smoke ? Yes  No  Do you use alcohol? Yes  No   
Do you participate in physical exercise? Yes  No  How often? \_\_\_\_\_  
Are you pregnant? Yes  No  N/A  If yes how many weeks? \_\_\_\_\_  
Have you had any injuries related to work? Yes  No  Body area affected \_\_\_\_\_  
Have you had any automobile accidents ? Yes  No  Body area affected \_\_\_\_\_

Please check for the following conditions if you currently have or previously had:

#### GENERAL

Recent Weight Change  Pain  Allergies \_\_\_\_\_  
 Diabetes  Fatigue  Disabilities \_\_\_\_\_  
 Loss of sleep  Cancer \_\_\_\_\_  Other \_\_\_\_\_

#### SKIN

Bruise Easily  Skin Problems \_\_\_\_\_  
 Itching  Other \_\_\_\_\_

#### NEUROLOGICAL

Light Headedness  Headaches  Epilepsy / Seizures  
 Memory Loss  Multiple Sclerosis  Weakness  
 Difficulty Speaking  Parkinson's Disease  Numbness  
 Difficulty Swallowing  Disorientation  Tingling  
 Tremors  Loss of Coordination  Stroke  
 Fainting  Difficulty walking  Dizziness  
 Concussion  Migraines  Other \_\_\_\_\_

#### RESPIRATORY

Throat Irritation  Emphysema  Asthma  
 Chest Pain  Shortness of Breath  Bronchitis  
 Lung Cancer  Chronic Cough  Pneumonia  
 Other \_\_\_\_\_

**EYES AND EARS**

- Hearing Loss
- Vision Problems
- Sinus Problems
- Ear Pain
- Glaucoma
- Other \_\_\_\_\_
- Ringing in Ear
- Blurred Vision

**CARDIOVASCULAR**

- Pressure over chest
- Pain down left arm
- Nausea
- High Cholesterol
- High Blood Pressure
- Low Blood Pressure
- Ankle Swelling
- Shortness of Breath
- Excessive Sweating
- Heart Attack
- Irregular heartbeat
- Other \_\_\_\_\_

**MUSCULOSKELETAL**

- Arthritis
- Neck Injury
- Muscle Weakness
- Rheumatoid Arthritis
- Back Injury
- Spinal Trauma
- Bone Spurs
- Birth Defect
- Birth Trauma
- Osteoarthritis
- Head Injury
- Muscle Pain
- Osteoporosis
- Joint Pain
- Broken Bones
- Scoliosis
- Spondylolisthesis
- Other \_\_\_\_\_

**SURGERIES**

<u>Date</u>	<u>Description</u>

**CURRENT MEDICATIONS**

<u>MEDICATION</u>	<u>DOSAGE</u>	<u>FREQUENCY</u>

Print Name \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature \_\_\_\_\_