

HISTORY FORM

CURRENT CONDITION/CHIEF COMPLAINT

Describe why you are seeking physical therapy?
When did it havin?
When did it begin?
How is the problem affecting your life?
110 w is the problem threeting your me.
What aggravates your symptoms?
How do you relieve your symptoms?
What are your functional goals with therapy?
DIZZINESS QUESTIONAIRE
Have you been diagnosed with a Vestibular Condition?
Circle your Symptoms
Vertigo Dizziness Lightheadiness Nausea Emesis Imbalance Falls Headaches Changes in Hearing Ear Fullness Ringing in Ears Changes in Eye Sight Blurriness Double Vision Passing Out Weakness OTHER:
How often do you experience your symptoms: (Circle) Intermittent Constant If intermittent: (Circle) Daily Weekly Monthly Yearly How long do they typically last? (Circle) Minutes Hours Days Weeks
Are you symptoms brought on by Positional Changes? (Circle) YES NO If so what positions?
Have any medications helped your Symptoms? (Circle) YES NO List Medications:
_
Vestibular Testing Results: When: Where:
When: Where: Do you have a copy with you? (Circle) YES NO
Other Medical Professionals that you have seen already?

	Patient Nam	ne:
	PAST MEDICAL HI	<u>STORY</u>
	check if you have or have had	any of the conditions)
□Heart Problems	□Chemical Dependency	□Infectious Disease
□Stroke	□Depression	□Skin Disease
□High Blood Pressure	□Anxiety Disorder	□Head Injury
□Kidney Problems	☐Multiple Sclerosis	□Peripheral Vascular Disease
□Seizures/Epilepsy	□Parkinson's Disease	□Lymphedema
□Osteoporosis/Osteopenia	□Anemia	□Cancer
□Asthma	□Blood Disorder	□Prostate Disease
□Emphysema	□Stomach Ulcers	□High Cholesterol
□Headaches/Migraines	□GERD	Diabetes
□Rheumatoid Arthritis	□Osteoarthritis	
Last MD Physical Examinat	tion:(Date)	
Date PMHX Updated:		
Date PMHX Updated:		
Date PMHX Updated:		
Please list any MEDICATI	ONS including over the cour	nter medications that you are currently
3 17		
ALLEKGIES:		
ALLERGIES: SURGICAL HISTORY		Date
SURGICAL HISTORY		
CPR		Date
CPR Have your completed an adv	vance directive for DNR (Do	not resuscitate) which indicates no
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