Work Status: Full Onset date: Previous Treatment for the Additional tests completed Medical History (Please Allergies Anemia Anxiety Arthritis Asthma Cancer Cardiac Conditions Cardiac Pacemaker Chemical Dependency Circulation Problems Currently Pregnant Office Use Only: Height Describe any other cond Fall History Injury as a result of a fall	Light iis conditi d (i.e. x-ra circle all Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	Off ion: ray, MRI I that ap No No No No No No No No	_Cause of Injury: ply) Depression Diabetes Dizzy Spells Emphysema/Bronchitis Fractures Gallbladder Problems Hepatitis High Blood Pressure Incontinence Kidney Problems Metal Implants Weightlbs.	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No No No	Occupation Multiple Sclerosis Osteoporosis Parkinson's Rheumatoid Arthritis Seizures Smoke/Tobacco Speech Problems Stroke Thyroid Disease Tuberculosis Vision Problems	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No No No No
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Allergies Anemia Anxiety Arthritis Asthma Cancer Cardiac Conditions Cardiac Pacemaker Chemical Dependency Circulation Problems Currently Pregnant Office Use Only: Height Describe any other cond	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No No No	Depression Diabetes Dizzy Spells Emphysema/Bronchitis Fractures Gallbladder Problems Hepatitis High Blood Pressure Incontinence Kidney Problems Metal Implants Weightlbs.	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No No	Osteoporosis Parkinson's Rheumatoid Arthritis Seizures Smoke/Tobacco Speech Problems Stroke Thyroid Disease Tuberculosis Vision Problems	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No No No
Anemia Anxiety Arthritis Asthma Cancer Cardiac Conditions Cardiac Pacemaker Chemical Dependency Circulation Problems Currently Pregnant Office Use Only: Height Describe any other cond Fall History njury as a result of a fall	Yes Yes Yes Yes Yes Yes Yes Itions or	No No No No No No No No	Diabetes Dizzy Spells Emphysema/Bronchitis Fractures Gallbladder Problems Hepatitis High Blood Pressure Incontinence Kidney Problems Metal Implants Weightlbs.	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No No	Osteoporosis Parkinson's Rheumatoid Arthritis Seizures Smoke/Tobacco Speech Problems Stroke Thyroid Disease Tuberculosis Vision Problems	Yes Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No No No
Arthritis Asthma Cancer Cardiac Conditions Cardiac Pacemaker Chemical Dependency Circulation Problems Currently Pregnant Office Use Only: Height Describe any other cond	Yes Yes Yes Yes Yes Yes Itions or	No No No No No No inches	Emphysema/Bronchitis Fractures Gallbladder Problems Hepatitis High Blood Pressure Incontinence Kidney Problems Metal Implants Weightlbs.	Yes Yes Yes Yes Yes Yes Yes Yes	No	Rheumatoid Arthritis Seizures Smoke/Tobacco Speech Problems Stroke Thyroid Disease Tuberculosis Vision Problems	Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No
Asthma Cancer Cardiac Conditions Cardiac Pacemaker Chemical Dependency Circulation Problems Currently Pregnant Office Use Only: Height Describe any other cond Fall History njury as a result of a fall	Yes Yes Yes Yes Yes Yes	No No No No No No inches	Fractures Gallbladder Problems Hepatitis High Blood Pressure Incontinence Kidney Problems Metal Implants Weightlbs.	Yes Yes Yes Yes Yes Yes Yes	No	Seizures Smoke/Tobacco Speech Problems Stroke Thyroid Disease Tuberculosis Vision Problems	Yes Yes Yes Yes Yes Yes Yes	No No No No No No
Cancer Cardiac Conditions Cardiac Pacemaker Chemical Dependency Circulation Problems Currently Pregnant Office Use Only: Height Describe any other cond Fall History njury as a result of a fall	Yes Yes Yes Yes Yes	No No No No No inches	Gallbladder Problems Hepatitis High Blood Pressure Incontinence Kidney Problems Metal Implants Weightlbs.	Yes Yes Yes Yes Yes Yes	No No No No No No	Smoke/Tobacco Speech Problems Stroke Thyroid Disease Tuberculosis Vision Problems	Yes Yes Yes Yes Yes Yes	No No No No No
Cardiac Conditions Cardiac Pacemaker Chemical Dependency Circulation Problems Currently Pregnant Office Use Only: Height Describe any other cond Fall History njury as a result of a fall	Yes Yes Yes Yes	No No No No inches	Hepatitis High Blood Pressure Incontinence Kidney Problems Metal Implants Weightlbs.	Yes Yes Yes Yes Yes	No No No No No	Speech Problems Stroke Thyroid Disease Tuberculosis Vision Problems	Yes Yes Yes Yes Yes	No No No No
Cardiac Pacemaker Chemical Dependency Circulation Problems Currently Pregnant Office Use Only: Height Describe any other cond Fall History njury as a result of a fall	Yes Yes Yes Ititions or	No No No _inches	High Blood Pressure Incontinence Kidney Problems Metal Implants Weightlbs.	Yes Yes Yes Yes	No No No No	Stroke Thyroid Disease Tuberculosis Vision Problems	Yes Yes Yes Yes	No No No No
Chemical Dependency Circulation Problems Currently Pregnant Office Use Only: Height Describe any other cond Fall History njury as a result of a fall	Yes Yes Yes	No No No _inches	High Blood Pressure Incontinence Kidney Problems Metal Implants Weightlbs.	Yes Yes Yes Yes	No No No No	Stroke Thyroid Disease Tuberculosis Vision Problems	Yes Yes Yes Yes	No No No No
Chemical Dependency Circulation Problems Currently Pregnant Office Use Only: Height Describe any other cond Fall History njury as a result of a fall	Yes Yes Yes	No No No inches	Incontinence Kidney Problems Metal Implants Weightlbs.	Yes Yes Yes	No No No	Thyroid Disease Tuberculosis Vision Problems	Yes Yes	No No No
Circulation Problems Currently Pregnant Office Use Only: Height Describe any other cond Fall History njury as a result of a fall	Yes Yes litions or	No inches	Metal Implants Weightlbs.	Yes	No No	Tuberculosis Vision Problems	Yes Yes	No No
Office Use Only: Height Describe any other cond Fall History njury as a result of a fall	litions or	_inches	Metal Implants Weightlbs.					
Office Use Only: Height Describe any other cond Fall History njury as a result of a fall	litions or		Weightlbs.		at/height ² =	x 703 = BMI		
Fall History njury as a result of a fall :		precaut						
			Date of			Fall		
Surgical History								
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Current Medications								
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Please rate your pain/disco	omfort fe	lt today	: None 1	1 2 3	4 5 6 7	8 9 10 Severe		
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