ONE STEP AHEAD
PHYSICAL THERAPY
12 Booth Drive
Plattsburgh, NY 12901
Phone 518-561-2225 Fax 518- 561-2212

Personal Health History

Please check any of the following that apply to you (Past or Present):

- □ Cancer
  If yes, what kind and when
  _____
- □ Depression
- □ Allergies
  Please list_____
- □ Diabetes
- □ Thyroid Problems
- □ Anemia
- □ Hearing Loss
- □ Visual Problems
- □ Kidney Disease
- □ Rheumatoid Arthritis
- □ Other type of Arthritis
- □ Pacemaker
- □ Heart Disease/Condition
- □ Broken bones/fractures
  Please list_____
- □ Bladder Incontinence
- □ Bowel Incontinence
- □ Low Blood Pressure
- □ High Blood Pressure
- □ Multiple Sclerosis
- □ Hepatitis
- □ Seizures
- □ Stroke
- □ Osteoporosis
- □ Blood Clots
- □ HIV
- □ Pregnancy (Past or Present)
- □ Emphysema/Bronchitis
- □ Asthma

Do you smoke? Yes No If yes, how many cigarettes per day?_____

Age_____Weight _____Height_____

Medications (Prescription and Over-the-counter)_____

_____

Surgeries_____

_____

Diagnostic Tests (Please List Dates and Results) _____

_____

Reason for Referral to Physical Therapy_____

_____

Previous Treatment for Present Condition_____

_____

Informed Consent: I hereby desire to engage in, voluntarily or under the orders of a physician, evaluation and treatment at One Step Ahead Physical Therapy, PC.

_____

Signature of Patient or Patient Representative/Guardian Date