



**WIND RIVER PHYSICAL THERAPY LLC  
MEDICAL QUESTIONNAIRE**

**Medical History / Check all that apply:**

- Allergies
- Arthritis (osteo/rheumatoid)
- Asthma/Emphysema
- High blood pressure
- Weight loss/gain
- Dysphagia/Swallowing
- Temporal Mandibular Joint
- Gynecological problems
- Head Injury/CVA
- Heart Disease
- Cancer/Tumors
- Chest Pains/Angina
- Gastro-Intestinal Problems
- Lymphedema
- Pregnant
- Seizures
- Bowel problems
- Kidney problems
- Nerves/Anxiety/Depression
- Headaches/Migraines
- Neurological/Parkinson, MS etc.
- Diabetes
- Pacemaker
- Smoking
- Ulcers

**\*\*Height** \_\_\_\_\_ **\*\*Weight** \_\_\_\_\_ **\*\*Blood Pressure** \_\_\_\_\_

**Have you had a fall?** \_\_\_\_\_ **When?** \_\_\_\_\_

**\*\*Medication List:(frequency/dosage):** \_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

Surgeries: \_\_\_\_\_

Currently employed:  YES  NO  Retired

Occupation: \_\_\_\_\_  Full Time  Part time  With restrictions

Activities/ Hobbies / Exercise: \_\_\_\_\_

**Current Condition:**

Chief Complaint: \_\_\_\_\_

What happened? \_\_\_\_\_

**\*\*What date did it occur? (specific as possible)** \_\_\_\_\_

Have you ever had this problem before? If yes explain: \_\_\_\_\_  
\_\_\_\_\_

What aggravates or makes your problem worse? \_\_\_\_\_

What eases or makes your problem better? \_\_\_\_\_

What are you currently doing to make your problem better? \_\_\_\_\_

What tests have been done for this condition (give date)? \_\_\_\_\_

Please describe your symptoms and/or pain: \_\_\_\_\_  
\_\_\_\_\_

Please rate your pain on a scale of 0-10 (0=no pain, 10 = emergency room pain)

Now \_\_\_\_\_ At Best \_\_\_\_\_ At Worst \_\_\_\_\_

Please describe your pain: (Sharp/dull/achy) \_\_\_\_\_

**Function**

What activities are *difficult to perform* due to your condition? Please check all that apply.

- Sitting
- Standing
- Walking
- Bending
- Sleeping
- Driving
- Lifting
- Dressing
- Job Tasks
- House Cleaning
- Yard Work
- Stairs
- Bathing
- Recreational
- In/Out Chairs/Bed

Prolonged activity(s) such as: \_\_\_\_\_

Other: \_\_\_\_\_

*\*By my signature, I certify that the above is true and complete to the best of my knowledge:*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_