

What type of exercise do you perform?

- ① None ② Light ③ Moderate ④ Strenuous

What is your height and weight?

Height

Three boxes for height measurement: Feet and Inches.

Feet Inches

Weight

Three boxes for weight measurement.

Lbs.

For each of the conditions listed below, place a check in the "Past" column if you have had the condition in the past. If you presently have a condition listed below, please place a check in the "Present" column.

Medical history table with columns for Past and Present for various conditions including pain, blood pressure, diabetes, and allergies.

Indicate if an immediate family member has any of the following:

- Rheumatoid Arthritis ○ Heart Problems ○ Diabetes ○ Cancer ○ Lupus ○ _____

List all prescription and over-the-counter medications, and nutritional/herbal supplements you are taking:

Three horizontal lines for listing medications and supplements.

List all the surgical procedures you have had and the times you have been hospitalized:

Three horizontal lines for listing surgical procedures and hospitalizations.

Patient Signature: _____

Date: _____

Provider's Additional comments:

Three horizontal lines for provider's additional comments.

Doctor's Signature: _____

Date: _____