C.O.R.E. PHYSICAL THERAPY
2440 M Street NW, Suite 316
Washington, DC 20037

## MEDICAL HISTORY

| | YES | NO |
|---|---|---|
| Are you in generally good health? | ☐ | ☐ |
| Have you had recent surgery or hospitalization? If so, please specify;_____ | ☐ | ☐ |
| Are you currently taking any medications? Please include Over-the-Counter medications and Vitamins. | ☐ | ☐ |
| _____ | | |
| _____ | | |
| Have you had recent tests such as x-ray, MRI, Scans?_____ | ☐ | ☐ |
| Have you ever taken steroids (i.e. cortisone, prednisone)? | ☐ | ☐ |

Are you currently seeing any of the following?

| | | |
|---|---|---|
| Medical Doctor | ☐ | ☐ |
| Osteopath | ☐ | ☐ |
| Psychiatrist/Psychologist | ☐ | ☐ |
| Chiropractor | ☐ | ☐ |

Do you have or have you ever been diagnosed as having any of the following:

| | | |
|---|---|---|
| Cancer: kind: _____ | ☐ | ☐ |
| Heart Problems | ☐ | ☐ |
| High Blood Pressure | ☐ | ☐ |
| Asthma | ☐ | ☐ |
| Emphysema | ☐ | ☐ |
| Chemical Dependency (e.g. alcoholism) | ☐ | ☐ |
| Thyroid problems | ☐ | ☐ |
| Diabetes | ☐ | ☐ |
| Multiple Sclerosis | ☐ | ☐ |
| Rheumatoid Arthritis | ☐ | ☐ |
| Other Arthritic Conditions | ☐ | ☐ |
| Depression | ☐ | ☐ |
| Hepatitis | ☐ | ☐ |
| Tuberculosis | ☐ | ☐ |
| Stroke | ☐ | ☐ |
| Kidney Disease | ☐ | ☐ |
| Anemia | ☐ | ☐ |
| Epilepsy | ☐ | ☐ |
| Other_____ | ☐ | ☐ |

| | | |
|---|---|---|
| Are you pregnant? | ☐ | ☐ |
| Have you recently lost or gained more than 10 pounds? | ☐ | ☐ |
| Are you experiencing any bowel/bladder irregularity? | ☐ | ☐ |
| Do you experience any numbness/tingling in your buttock or genital region? | ☐ | ☐ |
| Do you have any numbness/tingling in BOTH hands or feet at the same time? | ☐ | ☐ |
| Do you experience any weakness in your legs or balance problems during walking? | ☐ | ☐ |
| Do you have any dizziness related to moving your head or neck? | ☐ | ☐ |
| Do you experience blurred vision, nausea, or difficulty breathing? | ☐ | ☐ |

How would you rate your stress level?_____
How much caffeine containing beverages do you drink per day?_____
How many packs of cigarettes do you smoke per day?_____
How many days per week do you drink alcohol?_____