



**MEDICAL HISTORY FORM**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Relationship to patient: \_\_\_\_\_ Phone: \_\_\_\_\_  
Primary care physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Referring Physician : \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of last physical: \_\_\_\_\_

**Disability and Device History**

Cause of Injury: \_\_\_\_\_ Date: \_\_\_\_\_ Level/Type of injury: \_\_\_\_\_  
Are you currently using a device? ( )Y ( )N.  
Previous Provider Name: \_\_\_\_\_ Previous Prosthtist Name: \_\_\_\_\_  
Current Weight: \_\_\_\_\_

**Family and Social**

Are you currently employed? ( )Y ( )N. If Yes, where \_\_\_\_\_  
What type of work do/did you do? \_\_\_\_\_ How long have/did you work there? \_\_\_\_\_  
Do you live alone?: ( )Y ( )N  
Children or dependents: ( )Y ( )N Current ages (list) \_\_\_\_\_ Residing with you ( ) Y ( ) N  
Where do you live?: ( ) Private House, ( ) Nursing Facility \_\_\_\_\_  
Do you have family nearby: ( )Y ( )N (Please describe) \_\_\_\_\_

**Current or past medical conditions (check all that apply or enter "F" for family history)**

- ( ) Asthma/COPD/ respiratory ( ) Cardiovascular (heart attack, cholesterol, angina)
- ( ) Back Pain ( ) Osteoarthritis ( ) Rheumatoid Arthritis
- ( ) Hypertension ( ) Diabetes ( ) Cancer
- ( ) Kidney Disease. ( ) Dialysis. Please indicate schedule \_\_\_\_\_
- ( ) Stroke, CVA ( ) Osteoporosis ( ) Epilepsy or seizure disorder
- ( ) GI disease ( ) Head trauma ( ) HIV/AIDS
- ( ) Liver problems ( ) Pancreatic problems ( ) Thyroid disease
- ( ) Nutritional deficiency ( ) Auto immune disease ( ) Psychiatric Condition
- ( ) Allergies. Please describe \_\_\_\_\_
- ( ) Other. (Please describe) \_\_\_\_\_

**Alcohol and Tobacco Use History**

Do you Smoke? ( )Y ( )N Have you smoked in the past? ( )Y ( )N  
If Yes to smoking currently or in the past, how many per day \_\_\_\_\_ for how many years \_\_\_\_\_  
Do you Drink Alcohol? ( )Y ( )N. If Yes, how often do you drink? \_\_\_\_\_ How much? \_\_\_\_\_

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