LMT Rehabilitation Associates, P.C.

Pt Name: ___________________________________ DOB: _______________

Medical history:

- ☐ Alcohol dependency
- ☐ Allergic Rhinitis
- ☐ Anemia
- ☐ Anesthetic reaction
- ☐ Angina/chest pain
- ☐ Arthritis
  Location_______________
- ☐ Asthma
- ☐ Bleeding problem
- ☐ Cancer
  Type _______________
  Date _______________
- ☐ Cerebral Palsy
- ☐ Closed head injury
- ☐ Colon polyps
- ☐ COPD
- ☐ Coronary artery disease
- ☐ CVA/Stroke
- ☐ Depression
- ☐ Diabetes Mellitus
- ☐ Drug dependency
- ☐ GERD/Acid reflux
- ☐ Heart attack
- ☐ Heart failure
- ☐ Heart murmur
- ☐ Hyperlipidemia
- ☐ Hypertension/High blood pressure
- ☐ Hypoglycemia
- ☐ Kidney problems
  Type______________________
- ☐ Multiple Sclerosis
- ☐ Muscular Dystrophy
- ☐ Osteoporosis
- ☐ Paralysis
- ☐ Peripheral arterial disease
- ☐ Phlebitis (blood clots)
- ☐ Pregnant
- ☐ Seizures/convulsions
- ☐ Ulcer
  Type/location________________
- ☐ Other ______________________

Surgical history:

- ☐ Angioplasty
- ☐ Aortic valve replacement
- ☐ Appendectomy (appendix removal)
- ☐ Carpal Tunnel release
- ☐ C Section
- ☐ CABG (coronary artery bypass)
- ☐ Cataract Removal
- ☐ Cholecystectomy (gall bladder removal)
- ☐ Colectomy
- ☐ D & C
- ☐ Hernia Repair
- ☐ Hysterectomy
- ☐ Joint Scope (Arthroscopy)
  Location________________
- ☐ Joint Replacement (Arthroplasty)
  Type:___________________
- ☐ Lumpectomy
- ☐ Mastectomy
  Side____________________
  Date: ___________________
- ☐ Splenectomy
- ☐ Spine surgery:
  Type: ______________________
  Date: ______________________
- ☐ Tonsils/Adenoids
- ☐ Tubal Ligation
- ☐ Other ______________________