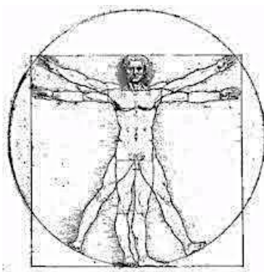

PARAGON Physical Therapy, PC

50 N Industry Ct, Deer Park, NY 11729

(P) 631-242-9200 (F) 631-242-9200

PAST MEDICAL HISTORY FORM

Patient Name:______________________________ E-Mail:______________________________

BLOOD PRESSURE	Yes	No
Hypertension	☐	☐
Low Blood Pressure	☐	☐
Normal Blood Pressure	☐	☐

HEART DISEASE	Yes	No
Heart Attack	☐	☐
Atherosclerotic Disease	☐	☐
Myocardial Infarction	☐	☐
Rheumatic Heart Disease	☐	☐
Heart Murmur	☐	☐
Do you have a pacemaker?	☐	☐

MUSCLE CONDITIONS	Yes	No
Carpal Tunnel R/L	☐	☐
Tennis Elbow R/L	☐	☐
Back Pain	☐	☐
Neck Pain	☐	☐
Limited Limb Movements	☐	☐

LUNGS	Yes	No
Asthma	☐	☐
Emphysema	☐	☐
Shortness of Breath	☐	☐

JOINT CONDITIONS	Yes	No
Upper Extremity	☐	☐
Lower Extremity	☐	☐

OTHER CONDITIONS	Yes	No
Muscular Dystrophy	☐	☐
Rheumatoid Arthritis	☐	☐
Multiple Sclerosis	☐	☐
Epilepsy	☐	☐
Gout	☐	☐
Fibromyalgia	☐	☐
Diabetes	☐	☐
Hearing Loss	☐	☐
Poor Eyesight	☐	☐
Fainting/Syncope	☐	☐
Polio	☐	☐
Lyme's Disease	☐	☐

Other: ____

____

____

____

EXERCISE	WORK ACTIVITY	STRESS LEVEL		HABITS
☐None	☐Sitting	☐Low	☐Smoking	Packs a Day__________
☐1-2x/week	☐Standing	☐Medium	☐Alcohol	Drinks a Week__________
☐3-4x/week	☐Light Labor	☐High	☐Caffeine	Cups a Week__________
☐5+x/week	☐Heavy Labor			

Are you taking any seizure medications? ☐Yes ☐No If yes please list______________________________

Are you taking any medications that might affect your heart, lungs, consciousness or general well-being while participating in therapy?
☐Yes ☐No If yes please list____

List all surgeries (including dates)____

Are you pregnant? ☐Yes ☐No Current week:__________

Have you ever had any injuries related to work? ☐Yes ☐No If yes please list body part and date of injury______________

____

Have you had any Auto Accidents? ☐Yes ☐No If yes please list body part and date of injury______________________

____

Have you ever had Physical Therapy or Massage Therapy before? ☐Yes ☐No Where?______________________