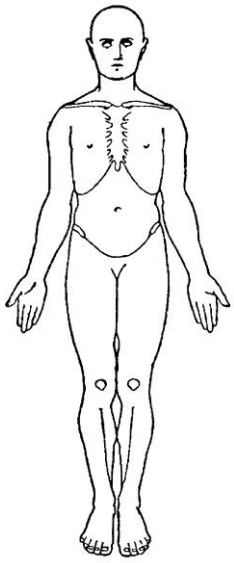
PUGET Orthopedic Rehabilitation
12811 8th Ave. W., Ste. A205 • Everett, WA 98204 • 425-348-1259 • Fax: 425-348-3071

HEALTH HISTORY

Please mark your primary complaint location

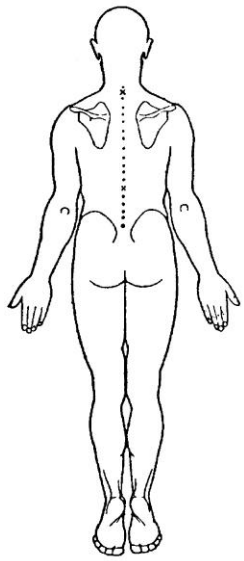


Please read and answer all of the following questions.

Do you have now or have you ever had any of the following?

Yes	No	
		Diabetes
		High blood pressure (Hypertension)
		Heart disease
		Cancer or tumors
		Lung problems
		Kidney or liver problems
		Arthritis or joint problems
		Seizures or nervous disorders
		Allergies
		Dermatitis (skin problems)
		Eye problems (e.g., glaucoma, cataracts)
		Hernia
		Unusual or frequent headaches
		Are there any other health problems not mentioned above?
		Do you have any family history of any of the above problems?
		Are you pregnant?
		Do you have any implants such as joint replacements or pacemakers?
		Are you awakened frequently at night?
		Have you ever taken any medication for longer than a few weeks?
		Have you ever taken any steroid medications such as cortisone?
		Are you currently taking any medications?
		Have you ever been hospitalized?
		Have you ever had surgery?
		Have you ever been placed in a cast, splint, Ace wrap, or sling?
		Have you ever had to use crutches, canes, or a wheelchair?
		Do you use any shoe lifts, braces, corsets, or supports?
		Are you currently being treated by any other doctor, therapist, chiropractor, massage therapist, podiatrist, or any other person? (circle all that apply)

Please mark your primary complaint location



You consider your health to be: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Date of last physical exam: _____

Reason for today's visit: _____

Your current physician(s): _____

Who referred you to **PUGET Orthopedic Rehabilitation?** _____

Date: _____ Signature: _____