UOC
REHABILITATION SERVICES

400 BRYANT DRIVE, EAST
Tuscaloosa, AL 35401

Phone(205) 345-2627
Fax(205) 345-9708

Patient's Name: _____
First MI Last

Diagnosis (Chief Complaint) _____

Medical History:

a. List past surgical procedures : _____

_____

b. Have you had **ANY** Physical Therapy this year ? ☐ Yes ☐ No

If so, where and how long did you receive treatment ? _____

_____

c. Have you recently had ANY home health services? ☐ Yes ☐ No

If so, who provided the service and when? _____

d. Have you ever had any of the following: (Circle)

Heart Attack	Hypertension	Pacemaker	HIV	Tuberculosis
Stroke	Cancer	Asthma	Peptic Ulcers	Metal Implants
Epilepsy	Hepatitis	Bronchitis	Seizures	
Gall Bladder Trouble	AIDS	Emphysema	Heart Failure	
Diabetes Mellitus	Coronary Artery Disease	Gout	Thyroid	
Rheumatoid Arthritis	Arthritis	Osteoporosis	Fibromyalgia	

Please list any other conditions that are not mentioned. _____

_____

e. Drug Allergies: _____

f. Current Medications: _____

g. Do you smoke? ☐ Yes ☐ No # of years _____ # packs/day _____ Quit? _____ (date)

h. Are you pregnant, or is there any possibility that you could be? _____

i. What type of work do you do? _____

j. What is physically the hardest part of your job with your current pain?

_____

_____

Family History:

Please list any medical illnesses that run in your family: _____

_____

_____