



PHYSICAL THERAPY AND SPORTS MEDICINE CENTER

9340 Fuerte Drive, Suite 303A

La Mesa, CA 91941

619-589-0850 • FAX 619-589-0878

Medical Information (Mark all that apply) **This information is confidential and remains part of your chart.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Difficulty swallowing | <input type="checkbox"/> motion sickness | <input type="checkbox"/> stroke | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Fever/chills/sweats | <input type="checkbox"/> osteoporosis | <input type="checkbox"/> arthritis | <input type="checkbox"/> unexplained weight loss |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> heart trouble | <input type="checkbox"/> blood clots | <input type="checkbox"/> bleeding problems |
| <input type="checkbox"/> Pacemaker | <input type="checkbox"/> shortness of breath | <input type="checkbox"/> HIV/hepatitis | <input type="checkbox"/> epilepsy/seizures |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> depression/anxiety | <input type="checkbox"/> myofascial pain | <input type="checkbox"/> fibromyalgia |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> cancer | <input type="checkbox"/> metal implants | <input type="checkbox"/> dizzy spells |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> numbness/tingling (where) _____ | | |

Other: _____

Previous surgeries: _____

Medications: _____

Allergies: _____