



Active Physical Therapy and Wellness  
 North Pointe Commons  
 G-5430 S. Saginaw Street  
 Flint, MI 48507

## Medical History Screening Form

**Have you or any immediate family member ever been told you have:**

	Self	Family Member
Cancer.....	Yes.....No	Yes.....No
Diabetes.....	Yes.....No	Yes.....No
High Blood Pressure.....	Yes.....No	Yes.....No
Angina/Chest Pain.....	Yes.....No	Yes.....No
Stroke.....	Yes.....No	Yes.....No
Osteoporosis.....	Yes.....No	Yes.....No
Osteoarthritis.....	Yes.....No	Yes.....No
Rheumatoid Arthritis.....	Yes.....No	Yes.....No

**In the past 3 months have you had or do you experience:**

A change in your health.....	Yes.....No
Nausea/Vomiting.....	Yes.....No
Fever/chills/sweats.....	Yes.....No
Unexplained weight change.....	Yes.....No
Numbness or tingling.....	Yes.....No
Changes in appetite.....	Yes.....No
Difficulty swallowing.....	Yes.....No
Changes in bowel/bladder function.....	Yes.....No
Shortness of breath.....	Yes.....No
Dizziness.....	Yes.....No
Upper respiratory infection.....	Yes.....No
Urinary tract infection.....	Yes.....No

**Are you currently:**

Pregnant.....	Yes.....No
Depressed.....	Yes.....No
Under stress.....	Yes.....No

**Check all that apply.....I currently have difficulty**

Driving \_\_\_\_\_ Getting up from a chair \_\_\_\_\_ Walking \_\_\_\_\_  
 Bending at the waist \_\_\_\_\_ Standing \_\_\_\_\_ Lifting \_\_\_\_\_

**If you are accustomed to regular exercising check the ones that give you difficulty now:**

Playing sports \_\_\_\_\_ Running \_\_\_\_\_ Other (specify) \_\_\_\_\_