Smart Motion Physiotherapy and Sports Clinic
116 – 6363 168 Street Surrey, BC V3S 3Y2 604-372-2750

Medical History Form

Name _____ Gender: Male □ Female □ Age _____

Occupation _____ Currently Working: Yes □ No □

Emergency contact_____ Phone # _____

Medical History (please check off all that apply):

□ Skin conditions	□ Pregnant	□ Breathing difficulties
□ High blood pressure	□ Low blood pressure	□ Heart disease
□ Pacemaker	□ Heart attack	□ Epilepsy/seizures
□ Deep brain stimulator	□ Arthritis	□ Osteoporosis
□ Chronic fatigue syndrome	□ Bowel/bladder problems	□ Fibromyalgia
□ Diabetes	□ Stroke	□ Cancer or malignancy
□ Numbness	□ Joint replacements	□ Rapid weight loss/gain
□ Head injury	□ Joint dislocations	□ Bone fractures
□ Rods/pins/plates	□ Dizziness	□ Previous surgeries
□ Difficulty swallowing	□ Vision difficulties	□ Bowel or bladder difficulties

Please list any previous accidents or injuries

_____

_____

Please list all current medications

_____

_____

Please list any allergies

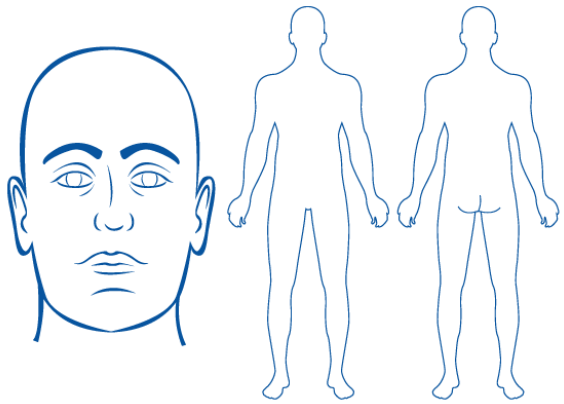
_____

_____

Current physical activity (If YES please describe)? □ YES □ NO

_____

_____



Please indicate areas of injury/pain on diagram above

Area(s) injured _____

How injury happened? _____

Date injured_____

Things that make the pain better? _____

Things that make the pain worse? _____

Things I can't do due to injury _____

How would you describe your pain? (sharp, stabbing, dull, achy, burning, pins & needles, numb, other) _____

Is this a recurring issue? □ YES □ NO

Other information about injury _____

I authorize the clinic and its associated practitioners to collect my personal and medical information as documented above in order to assess, diagnose and develop a treatment plan and provide treatment. I authorize the clinic and its associated practitioners to communicate with my Dr. as deemed necessary for my beneficial treatment. I also understand that my personal and medical information is confidential and will only be disclosed to third parties with my permission.

Signature: _____ **Date:** _____