Aurora Prime Physiotherapy & Sports Rehabilitation Centre
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✆**(905) 726-2252**

Health History Form

Cardiovascular

- ❑ heart attack ❑ stroke /CVA
- ❑ high / low blood pressure
- ❑ chronic congestive heart failure
- ❑ Heart disease
- ❑ Varicose veins / phlebitis
- ❑ high cholesterol
- ❑ Pacemaker or similar device
- ❑ Is there a family history of any of the above?

Digestive

- ❑ constipation ❑ diarrhea
- ❑ other: _____

Women

- ❑ pregnant? Due:_____
- ❑ complications?_____

_____

- ❑ gynecological conditions?

_____

_____

_____

Men

- ❑ Testicular / prostate cancer
- ❑ other: _____

Infections

C	(P)		C	(P)	
❑	(❑)	hepatitis	❑	(❑)	TB
❑	(❑)	HIV (AIDS)	❑	(❑)	herpes
❑	(❑)	plantar warts	❑	(❑)	measles
❑	(❑)	chicken pox	❑	(❑)	flu

Joints & Muscles

- ❑ pain / stiffness
- ❑ swelling / bruising
- ❑ tear / strain / sprain
- ❑ loss of sensation / function
- ❑ osteoarthritis ❑ RA
- ❑ other: _____

Affecting My

Left Side		Right Side
❑	Hands / Wrists	❑
❑	Arms / Elbows	❑
❑	Shoulders	❑
❑	Neck	❑
❑	Jaw	❑
❑	Upper back	❑
❑	Lower back	❑
❑	Hips / Pelvis	❑
❑	Legs	❑
❑	Knees	❑
❑	Ankles	❑
❑	Feet	❑

Respiratory

- ❑ Chronic cough ❑ bronchitis
- ❑ asthma ❑emphysema
- ❑ Shortness of breath
- ❑ Is there a family history of any of the above?
- ❑ Smoking? How many per day?_____

Other

- ❑ vision and / or hearing problems
- ❑ headaches? Type:_____

  Dr. diagnosed? ❑ Yes ❑ No
- ❑ diabetes? Onset?_____
- ❑ Epilepsy? Type:_____

  Frequency of seizures?

  _____
- ❑ Cancer? Where?_____
- ❑ Allergies? To what?

  _____

  What is your reaction?

  _____
- ❑ Any pins, wires, artificial joints?

  What: _____
- ❑ Any other conditions?

_____

_____

Surgeries / Injuries	Year	Medications	Conditions they treat

What can we do for you today? *Please tell us a little about your expectations of treatment*

Name _____ Signature _____ Date _____

Please fill out this form to the best of your knowledge. Please feel free to ask us questions about the information we collect. The information we request here assists us in providing you with safe, effective treatment. This information is protected under the Personal Health Information Protection Act, and will not be released without your consent except as required by law.