

12800 Middlebrook Rd. Ste. 100 Germantown, MD 20874 Phone & Fax 301-235-3031

PATIENT NAME		/
MEDICAL HISTORY		
□ Allergies	□ Diabetes	□ Metal Implants
□ Anemia	□ Dizzy Spells	□ MRSA
□ Anxiety	□ Emphysema/Bro	onchitis
□ Arthritis	□ Fibromyalgia	□ Muscular Disease
□ Asthma	□ Fractures	□ Osteoporosis
□ Autoimmune Disorder	□ Gallbladder Prol	blems Parkinson's
□ Cancer	□ Headaches	□ Rheumatoid Arthritis
□ Cardiac Conditions	□ Hearing Impairs	nent Seizures
☐ Cardiac Pacemaker	□ Hepatitis	□ Speech Problems
□ Chemical Dependency	☐ High Cholestero	ol 🗆 Strokes
☐ Circulation Problems	□ High/Blood Pres	ssure Thyroid Disease
□ Currently Pregnant	□ Incontinence	□ Tuberculosis
□ Depression	□ Kidney Problem	s □ Vision Problems
		e of Fall:
Two or more rails in the last year	r ⊔ Yes ⊔ No Dates of Far	ls:
Surgical History		
Body Region:	Surgery Type:	Date of Surgery
Body Region:	Surgery Type:	Date of Surgery
Body Region:	Surgery Type:	Date of Surgery
Body Region:		
Body Region:		
Current Medications		
Drug:	Dosage:	Reason for Taking:
Drug:		
Drug:		Reason for Taking:
		Reason for Taking:
Drug:		
Drug:		Reason for Taking:
Drug:	Dosage:	Reason for Taking:



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Drug: ______ Dosage: _____ Reason for Taking: _____