Athletic & Rehabilitation Center
www.arckc.com

Outpatient Medical History Information

Date: _____

Name: _____
Last First Middle Initial

Primary Physician: _____ **Referring Physician:** _____

Hospitalizations: (include surgeries, fractures or any other pertinent medical information) _____

Allergies: (specify) _____
Current Medications: (include anti-inflammatory, pain and muscle relaxants) _____

Have you or will you be receiving any of the following tests as the result of this injury?
(Please circle all that apply) X-Ray EMG CT Scan Dopler-Study Other: _____
Results of Test(s): _____
Personal History: (Current "C" or Past "P" please specify)

_____ High Blood Pressure	_____ Cancer/Tumor	Blood Pressure: _____	
_____ Low Blood Pressure	_____ Arthritis	Pulse: _____	
_____ Angina	_____ Broken Bones	Date of Next Doctor Visit: _____	
_____ Pacemaker	_____ Thin Bones		
_____ Poor circulation	_____ Head Injury	For Women Only:	
_____ Phlebitis	_____ Metal Implants	Possibility of Pregnancy? YES NO	
_____ Stroke	_____ Seizures/Convulsions		
_____ Rheumatic Fever	_____ Frequent Diarrhea	_____ Hepatitis	
_____ Diabetes	_____ Frequent Nausea	_____ Paralysis	
_____ Frequent Fainting	_____ Poor Eyesight	_____ Lung Problems	
_____ Frequent Depression	_____ Poor Hearing	_____ Heart Attack	
_____ Frequent Swelling	_____ Frequent Light - Headedness	_____ Other Cardiac Issues	
_____ Tuberculosis	_____ Kidney Problems	_____ Other Health concerns (please list below)	

_____

1) Chief complaint which brings you to the Athletic & Rehabilitation Center? _____

2) Please give goal of rehabilitation treatment. (Outcome of Therapy) _____

3) Work Status: (as a result of this injury) Full time Full time with restrictions Part time
Part time with restrictions Off work Other: _____
4) Is this visit the result of an injury/accident? YES NO
If so, please explain how and where the injury occurred: _____

5) Was this injury work related? Yes No Date of injury/accident: _____
6) What are the top (2) tasks you are unable to perform as a result of this injury? (be specific) or NA
1. _____
2. _____