The Therapy Network TTN
Raising the Standard of Physical Therapy

Patient Health Assessment

Please Check-Answer Yes or No to the following questions pertaining to your history of these ailments.
Provide details of YES answers on this form

Patient Name: Account #:

YES	NO	AILMENT
		Cancer
		High Blood Pressure
		Heart Attack
		Cardiac Pacemaker
		Respiratory Problems
		Diabetes
		Tumors
		Arthritis
		Seizures
		Ulcers
		Osteoporosis
		Hernia
		Circulation Problems
		Joint Replacement
		Metal Implants
		Sensation Problems
		Dermatosis/Skin
		Bowel/ Bladder Problems
		Allergies:
		Hydrocortisone/ Iodine/ Bees
		Foot or Leg pain
		Numbness or Tingling in specific digits
		Neck/Jaw or Ear Pain
		Dizziness/ Ringing in the Ears/ Decreased Balance
		Are you Pregnant?
		Are you a smoker?