

Confidential Medical History/Evaluation

Name: (First, MI, Last) _____ Mr Mrs Ms Miss
 Address: _____ City: _____ State: _____ Zip Code: _____
 Email address: _____ Date of Birth: ____/____/____ SS#: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Employer: _____ Address: _____
 Occupation: _____ Is this injury Work Related Auto Accident Other?
 Insured's Name: _____ Insured's DOB: _____ Insured's SS# _____
 Emergency Contact/Relationship: _____ Emergency Phone: _____
 Referring MD: _____ Primary Care Physician: _____
 Chief Complaint: _____ Injury or Onset Date: _____
Current Symptoms: Pain Numbness Stiffness Weakness **Condition:** New Acute Chronic
 List any/all medications you are currently taking: _____
 Are you allergic to any medications? _____
 List any surgeries: _____
 Have you had any Diagnostic or Rehabilitative Services for this injury? MRI Xrays Other
 Please describe: _____

| Do you have any of the following: | | Pain when performing the following activities? | | | |
|-----------------------------------|--------------------------|--|--------------------------|--------|--------|
| YES | NO | Mild | Moderate | Severe | Unable |
| _____ | _____ | _____ | _____ | _____ | _____ |
| Asthma, Bronchitis or Emphysema | _____ | Bending | _____ | _____ | _____ |
| Shortness of Breath/Chest Pain | _____ | Care for Infirm Family | _____ | _____ | _____ |
| Coronary Heart Disease | _____ | Carrying Groceries | _____ | _____ | _____ |
| Pacemaker | _____ | Change Pos (Sit to Stand) | _____ | _____ | _____ |
| High Blood Pressure | _____ | Climb Stairs | _____ | _____ | _____ |
| Heart Attack/Surgery | _____ | Driving | _____ | _____ | _____ |
| Stroke/TIA | _____ | Extended Computer Use | _____ | _____ | _____ |
| Blood Clot/Emboli | _____ | Feeding (Self) | _____ | _____ | _____ |
| Epilepsy/Seizures | _____ | Household Chores | _____ | _____ | _____ |
| Thyroid Trouble/Goiter | _____ | Ironing | _____ | _____ | _____ |
| Anemia | _____ | Lift Children | _____ | _____ | _____ |
| Infectious Disease | _____ | Lifting | _____ | _____ | _____ |
| Diabetes | _____ | Pushing | _____ | _____ | _____ |
| Cancer or Chemo/Radiation | _____ | Reading (Concentration) | _____ | _____ | _____ |
| Arthritis/Swollen Joints | _____ | Self Care-Bathing | _____ | _____ | _____ |
| Osteoporosis | _____ | Self Care-Dressing | _____ | _____ | _____ |
| Varicose Veins | _____ | Self Care-Shaving | _____ | _____ | _____ |
| Gout | _____ | Sexual Activities | _____ | _____ | _____ |
| Sleeping Difficulties | _____ | Sleep | _____ | _____ | _____ |
| Emotional/Psychological Problems | _____ | Sitting (Prolonged) | _____ | _____ | _____ |
| Bowel or Bladder Problems | _____ | Standing (Prolonged) | _____ | _____ | _____ |
| Severe/Frequent Headaches | _____ | Walking | _____ | _____ | _____ |
| Vision/Hearing Difficulties | _____ | Yard Work | _____ | _____ | _____ |
| Dizziness or Faintness | _____ | Sports | _____ | _____ | _____ |
| Are you pregnant? | _____ | Recreational Activities | _____ | _____ | _____ |
| Smoking | Daily _____ Weekly _____ | Exercise | Daily _____ Weekly _____ | _____ | _____ |
| Alcohol Consumption | Daily _____ Weekly _____ | | | | |
| Other Medical Conditions | _____ | | | | |

I hereby agree and give my consent to medical treatment in treating my physical condition. I authorize release of any medical information needed to process my claim. I understand that I am responsible for any charges that are not covered by my insurance carrier. Furthermore, I understand that I am responsible to inform the office of any changes that occur. I authorize release of payment directly to Carolina Rehab, Inc. regardless of participation in or out-of-network. Should I default on my financial responsibility and collection action is necessary, I will be responsible for collection costs that are incurred. I acknowledge that I have seen the "Notice of Privacy Practices." I understand that I may ask questions about the "Notice of Privacy Practices" at any time.

Patient/Parent/Guardian Signature: _____ Date: _____