



[re+active] Medical Intake

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MEDICAL AND PERSONAL HISTORY FORM

Client Name: Date:

DOB: Height: Weight:

Primary MD: Referring MD:

YOUR PERSONAL INFORMATION

Street Address/city:

Zip code: Home Phone#

Cell Phone# Email:

CURRENT CONDITION

Current Primary Diagnosis:

Date of onset:

Precautions/ Allergies:

Current Medications (include dose, frequency, administration (if not oral).

Attach additional sheets if necessary.

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Are you currently taking Vitamin D? Have you talked to your MD about Vitamin D supplementation?

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Are you experiencing pain? Y/ N Location:

Aggravating Factors:

Alleviating Factors:

PAST MEDICAL HISTORY

Please circle if you have been diagnosed with any of the following:

- | | |
|--|---------------------------------------|
| Cancer | Allergies |
| Heart Problems | Smoking (PPD) |
| High blood pressure | Depression |
| Circulation problems | Hepatitis/Liver disease |
| Asthma | Tuberculosis |
| Emphysema/Bronchitis | Stroke |
| Chemical dependency (i.e., alcoholism) | Kidney disease |
| Thyroid problems | Anemia |
| Diabetes | Epilepsy |
| Multiple sclerosis | Migraine headaches |
| Arthritis | Fibromyalgia/myofascial pain syndrome |
| | AIDS/HIV-positive |
| | Other _____ |

Describe any of the above:

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Please list or describe any injuries, surgeries or hospitalizations including approximate dates:

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Have you recently noted (please circle):

- Unexplained weight loss/gain
- Nausea/vomiting
- Dizziness/lightheadedness
- Fatigue
- Illness in the last 3 weeks (cold, flu, infection)
- Fever/chills/sweats
- Numbness or tingling
- Chest pain or angina
- Shortness of breath



PERSONAL HISTORY

Occupation:
.....

Leisure/recreational activities:
.....
.....

Which daily or recreational activities are currently difficult for you to complete?
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Are there particular movements that you find difficult (bending, stair climbing, turning, etc)?
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Have you had any falls? How frequent?
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GENERAL FITNESS LEVEL / THERAPY

How often do you exercise weekly?
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General stress level (Circle one): Low Moderate High Overwhelmed, feeling hopeless:
.....

What are your goals for therapy?
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To the best of my knowledge, the information above is accurate.
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