

**Sports Med City Centre**  
**Past Medical History Form**

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Are you presently working: YES \_\_\_\_\_ NO \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Have you ever had these symptoms before: YES \_\_\_\_\_ NO \_\_\_\_\_

CHECK WHICH APPLY TO YOUR SYMPTOMS:

\_\_\_\_ WORK RELATED INJURY                      \_\_\_\_\_ RECURRENCE OF PREVIOUSLY INJURY  
\_\_\_\_ CAUSE UNKOWN                              \_\_\_\_\_ INJURY RELATED TO LIFTING  
\_\_\_\_ MOTOR VEHICLE ACCIDENT                \_\_\_\_\_ ATHLETIC/RECREATIONAL INJURY  
\_\_\_\_ OTHER

HAVE YOU EVER HAD RELATED SURGERY? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU HAVE OR HAVE YOU HAD ANY OF THE FOLLOWING:

DIABETES	Y__N__	ALLERGIES TO ASPRIN	Y__N__
CHEST PAIN/ANGINA	Y__N__	ALLERGIES TO HEAT	Y__N__
HIGH BLOOD PRESSURE	Y__N__	ALLERGIES/POOR	
		TOLLERANCE COLD	Y__N__
HEART DISEASE	Y__N__	OTHER ALLERGIES	Y__N__
HEART ATTACK	Y__N__	HERNIA	Y__N__
HEART PALPATATIONS	Y__N__	SEIZURES	Y__N__
PACEMAKER	Y__N__	METAL IMPLANTS	Y__N__
HEADACHES	Y__N__	DIZZINESS/FAINTING	Y__N__
KIDNEY PROBLEMS	Y__N__	RECENT FRACTURES	Y__N__
ARE YOU PREGNANT?	Y__N__	SURGERIES	Y__N__
CANCER	Y__N__	SKIN ABNORMALITIES	Y__N__
BOWEL/BLADDER			
ABNORMALITIES	Y__N__	SEXUAL DYSFUNCTION	Y__N__
ASTHMA/BREATHING			
DIFFICULTIES	Y__N__	NAUSEA/VOMITING	Y__N__
LIVER/GALLBLADDER			
PROBLEMS	Y__N__	RINGING IN YOUR EARS	Y__N__
SMOKING	Y__N__	RHEUMATOID ARTHRITIS	Y__N__
SPECIAL DIET			
GUIDELINES	Y__N__		

IF YES ON ANY OF THE ABOVE, PLEASE BRIEFLY EXPLAIN AND GIVE APPROXIMATED

DATE: \_\_\_\_\_

IS THERE ANY OTHER INFORMATION REGARDING YOUR PAST MEDICAL HISTORY THAT WE SHOULD KNOW ABOUT? \_\_\_\_\_

ARE YOU PRESENTLY TAKING MEDICATIONS: Y\_\_N\_\_

IF YES PLEASE LIST WHAT MEDICATIONS AND FOR WHAT \_\_\_\_\_

RATE THE INTENSITY OF YOUR PAIN ON A SCALE OF 0-10 WITH 0 BEING NO PAIN AND 10 BEING THE WORST PAIN POSSIBLE \_\_\_\_\_

IN THE RARE INSTANCE OF AN EMERGENCY WHO SHOULD WE CONTACT \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_

DO YOU PARTICIPATE IN ANY SPORTS, EXERCISE PROGRAMS, OR ACTIVITIES ON A REGULAR BASIS? Y\_\_N\_\_