Past Medical History Form

Do you currently have or have you ever had any of the following:

	Yes	No		Yes	No
Arthritis	☐	☐	High Blood Pressure	☐	☐
Asthma/ Chronic Bronchitis	☐	☐	HIV/AIDS	☐	☐
Bowel/Bladder Problems	☐	☐	Osteoporosis	☐	☐
Cancer	☐	☐	Rheumatoid Arthritis	☐	☐
Chest Pain	☐	☐	Stroke	☐	☐
Diabetes	☐	☐	Alcoholism	☐	☐
Emphysema	☐	☐	Drug Abuse	☐	☐
Epilepsy/Seizures	☐	☐	Are you currently pregnant?	☐	☐
Heart Disease/Attack	☐	☐	Do you have a pacemaker?	☐	☐
Hepatitis	☐	☐	Do you have any surgical implants?	☐	☐

Please list the condition that you have been referred for: _____

Have you received home health for your condition? YES / NO Have you been discharged? YES / NO

Do you have any current or past health or medical problems that are not listed above?

_____

_____

_____

Please list all surgeries and the approximate date of the operation:_____

_____

_____

Please list all medications that you are currently taking or provide a list: _____

_____

_____

Financial Policy

Payment is due at time of service. We accept cash, check, VISA, Mastercard, Discover, & American Express. We may accept assignment of insurance benefits after you insurance has been verified. Please select the type of health care coverage you have:

• Attorney • Auto Insurance • Health Insurance • Medicare • Medicaid • Self Pay • Worker's Comp

Authorization

I authorize release of information/records to my physicians, lawyers, employers, and/or insurance companies. I authorize my insurance benefits to be paid directly to KETHLEY Physical Therapy &/or Jeremy Kethley, PT.

Signature:_____ **Date:**_____