

# Success Physical Therapy and Balance Center

2842 West Sepulveda Blvd  
Torrance, California 90505  
(310) 325-0800

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

## **Medical History: Have you had or do you have any of the following?**

- |                |  |                        |  |
|----------------|--|------------------------|--|
| Fractures      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Respiratory Illness    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Diabetes       | <input type="checkbox"/> Yes <input type="checkbox"/> No | Allergies              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Head Trauma    | <input type="checkbox"/> Yes <input type="checkbox"/> No | High Blood Pressure    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Convulsions    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Vascular Disease       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Stroke         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Kidney Disease         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Metal Implants | <input type="checkbox"/> Yes <input type="checkbox"/> No | Rheumatic Disease      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pacemaker      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Heart Attack           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Blood Disease  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cancer                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hernias        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Bowel/Bladder Problems | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Women: Are you currently pregnant?  Yes  No

Past Surgeries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Medications:

\_\_\_\_\_

\_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_