

Success Physical Therapy and Balance Center, Inc.

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: _____