# OptiMAL Rehabilitation OT &PT, PLLC

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## PATIENT HEALTH HISTORY/ *HISTORIAL MEDICO PACIENTE*

**Your Name /** Nombre de Paciente____________________________ **Date of Birth /** Fecha de Nacimiento__________

**Did you have any surgeries in the past?** / *Alguna operación que haya tenido* **YES** */Si* ☐ **NO** ☐

**You had any Heart surgeries in the past?** / *Cirugia de Corazon en el pasado* **YES** */Si* ☐ **NO** ☐

**Did you have Cancer ?** / *Tienes Cancer ?* **YES** */Si* ☐ **NO** ☐

**Did or do you smoke ?** / *Fuma usted ?* **YES** */Si* ☐ **NO** ☐

**Do you drink alcohol ?** / *Toma alcohol ?* **YES** */Si* ☐ **NO** ☐

**Are you pregnant?** / *Esta embarazada ?* ☐ **Not Applicable** **YES** */Si* ☐ **NO** ☐

**Did or do you suffer from any of the following conditions?**

**High Blood Pressure /** *Presión alta* **YES** ☐ **NO** ☐

**High Cholesterol** / *Colesterol Alta* **YES** ☐ **NO** ☐

**Hepatitis/Tuberculos** **YES** ☐ **NO** ☐

**Dizziness / Faintness/** *mareo* **YES** ☐ **NO** ☐

**HIV/AIDS** / *VHS/Sida* **YES** ☐ **NO** ☐

**Hernia** / *Hernia* **YES** ☐ **NO** ☐

**Diabetes** **YES/***Si* ☐ **NO** ☐

**Lungs/Asthma** - Pulmón/Asma **YES/***Si* ☐ **NO** ☐

**Arthritis /** *Artritis* **YES/***Si* ☐ **NO** ☐

**Psychiatric Disorders** / *Trastornos psiquiatricos* **YES/***Si* ☐ **NO** ☐

**Stroke, Neurological Disease** / *Derame cerebral/ neurologicas enfermedad* **YES/***Si* ☐ **NO** ☐

**Kidney Problems** / *Problemas de rinon* **YES/***Si* ☐ **NO** ☐

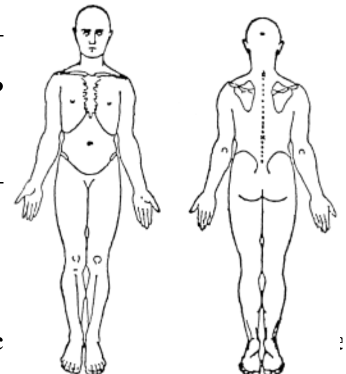
**HEIGHT**_______ **WEIGHT**_______

**Please state all current medications you are taking now** / *Haga una lista de MEDICAMENTO que toma:*

________________________________________________________________________

**Did you have any MRI, CT scans, X-rays, Injections, Doppler, or EMG nerve studies?**
Tienes RESONANCIA MAGNETICA / Tomografias Computadas / Rayos X ?
☐ **YES** / *Si* ☐ **NO** **DATA** / *Fecha* ___________________

**On the Body Diagram to the right, mark the area of your pain:** →
*Encierre algun sintoma que haya*



**By my signature, I hereby attest that the information in this form is accurate and complete in all respec**