



SOMERSET FAMILY PHYSICAL THERAPY
 14 M Worlds Fair Drive
 Somerset, NJ 08873
 732-356-5363

MEDICAL HISTORY

Date:	/ /	Date of Injury	_____
Name:	_____		
Date of Birth:	/ /	Age:	M F
School:	(If applicable) _____		
Sport:	_____	Position:	_____
Sport:	_____	Position:	_____
Sport:	_____	Position:	_____

Please check any of the following conditions you have or have had:

Asthma	<input type="checkbox"/>	Injuries / Surgeries (List date & type of injury / surgery)
Asthma (Exercise induced)	<input type="checkbox"/>	
Heart condition	<input type="checkbox"/>	Date of Surgery >
High Blood Pressure	<input type="checkbox"/>	Type of Surger >
Blood clot	<input type="checkbox"/>	>
Epilepsy / Seizures	<input type="checkbox"/>	>
Anemia	<input type="checkbox"/>	>
Infectious disease	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	Check any medications you are currently taking:
Cancer	<input type="checkbox"/>	_____
Arthritis	<input type="checkbox"/>	
Headaches	<input type="checkbox"/>	
Vision problem	<input type="checkbox"/>	
Hearing problems	<input type="checkbox"/>	_____

