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(210) 702-3401 Fax (210) 702-3402

PATIENT HISTORY

Name: _____ Date of Birth: ____/____/____

Since January 1, 2013 have you previously had any Occupational/Physical Therapy? _____

If yes, When? _____ Where? _____ How many times? _____

Are you currently receiving any PT/OT therapy or treatment? _____

Have you ever purchased a Lymphedema pump? _____no _____yes

If yes, when? _____

Do you have any compression garments? If yes, what type? _____

What strength? _____ How old are they? _____ How often do you wear them? _____

Have you had massage or lymphatic therapy previously? If yes, please list date of

last treatment: ____/____/____

Have you had a Venous Doppler within the last year? _____no _____yes

If yes, where? _____ Date: ____/____/____

Present Medications: _____

Past History Including Hospitalizations, Accidents, and/or Injuries with Dates: _____

Please indicate if you have had or currently have any of the following conditions, circle all that apply.

Head and Neck

Headaches

Migraines

Chronic Cough

Heart Attack

Jaw Pain

Sinus Problem

Respiratory

Asthma

Bronchitis

Low Blood Pressure

Shortness of Breath

COPD

Smoking

Cardiovascular

Bleeding Disorder

High Blood Pressure

Difficulty Breathing

Heart Disease

Angina

Stroke

Infection

Herpes

Hepatitis

Plantar Warts

Tuberculosis

HIV/Aids

Other _____

Women

Menstrual Problems

Gynecological Surgery

Pregnant: Y or N

Children: Y or N

Skin

Rashes

Bruise Easily

Scarring

Skin Conditions

Type _____

Redness/Discolorations

Muscles and Joints

Weakness

Clumsiness

Arthritis

Type _____

Osteoporosis

Tendonitis

Joint Sprain/Dislocation

Where _____

Pain/Stiffness

Neck _____

Low Back _____

Mid Back _____

Upper Back _____

Shoulders _____

Leg _____ R or L

Arm _____ R or L

Other Conditions

Allergies
Type _____

Diabetes
Onset _____

Fracture
Where _____

Kidney
Type _____

Bladder
Type _____

Other _____

Cancer
Type _____

Numbness/Tingling
Where _____

Seizures
Type/Frequency _____

Liver
Type _____

Gallbladder
When _____

Signature

Date