



McCarthy Physical Therapy and Sports Center

Tim B. McCarthy, P.T.

- Y N
- Osteoporosis
 - Diabetes
 - Hypertension (High Blood Pressure)
 - Heart Disease
 - Cancer or Tumors
 - Lung Problems
 - Stomach Problems
 - Kidney or Liver Problems
 - Arthritis or other Joint Problems
 - Seizures or Nervous Disorders
 - Allergies
 - Dermatitis or any skin Problems
 - Eye Problems
 - Hernias
 - Unusual Frequent Headaches
 - Are there any other health problems not mentioned above? If so please describe:

Medications

- Are you pregnant?
- Do you have any implants (i.e. joint replacements or pacemakers)?
- Are you awakened at night?
- Do you ever have uncontrolled leakage of urine, gas, or feces?
- Have you ever taken medications for longer than a few weeks?
- Are you currently taking any medications?
- Have you ever been hospitalized?
- Have you ever had surgery?
- Have you ever been placed in a splint, cast, ace wrap or sling?
- Have you ever had to use crutches, canes, a walker, or wheelchair?
- Do you use any shoe lifts, braces, corsets, or supports?
- Are you currently treated by any other doctor, therapist, chiropractor, masseuse, podiatrist, etc.?

Do you consider your health to be: Excellent, Good, Fair, Poor

Date of Last Physical Exam: _____ Physician: _____

Reason for Today's Visit: _____

Current Physician: _____ Who recommended you to us? _____

Parent/Guardian Signature: _____ Date: _____