

☐ Left hip

Patient Medical History Disclosure

PATIENT DEMOGRAPHICS Name: _____ Date of Birth: ____ Street Address: City, State, Zip: Phone #: Email: Sex: Legal Representative (IF NOT SELF):_______ Relationship:_____ Street Address: City, State, Zip:______ Phone #:_____ □ I give Nu Life Medical permission to leave personal information via voicemail, email, or text at the contact information provided above ☐ I do NOT give Nu Life Medical permission to leave personal information via voicemail, email, or text at the contact information provided above **HISTORY OF DURABLE MEDICAL EQUIPMENT USE:** Have you received a knee brace, ankle brace, etc. from a Medical Supplier? ☐ YES ☐ NO If yes, which brace? Which supplier? Date: Check all the joints that you are interested in treating: ☐ Right knee ☐ Right elbow □ Left knee ☐ Left elbow ☐ Right ankle ☐ Right shoulder □ Left ankle ☐ Left shoulder ☐ Right wrist ☐ Right hip

□ Left wrist

Please check all symptoms that apply:

Constitutional/General	Hematologic/Lymphatic			
□Fever	☐ Swollen Glands			
□Chills	□ Blood Clotting Problem			
☐ Heavy Sweating/Night Sweats	☐ Easy Bruising☐ Bleeding Tendencies			
□Loss of Appetite				
□Fatigue	☐ Anemia			
☐ Unexplained Weight Loss/Gain	☐ Cancer			
Other:	☐ Other:			
- Culci.				
_	Genitourinary			
Eyes	□ Painful Urination			
□Blurry Vision	□Urinary Frequency			
□ Double Vision	□Loss of Urinary Control			
☐Wear Glasses	□Enlarged Prostate			
	☐ Difficulty Urinating			
Ear/Nose/Throat	☐ Incontinence			
□Sore Throat	Hilcontinence			
□ Hoarse Voice				
□ Nasal Congestion/Sinus Issues	Skin			
•	□Skin Rash			
☐ Hearing Loss ☐ Hearing Aids	□Itching			
□ Allergies	☐ Discoloration of the Skin			
□Rhinitis Sinus Infections				
□ Dentures				
□Other:	Neurological			
	□Tremors			
	☐ Dizzy Spells			
Respiratory	□Numbness or Tingling			
□Cough	☐ Headache/Migraine			
Wheezing	□Unsteady Gait			
☐ Shortness of Breath	☐ Feeling Weak			
	· ·			
Cardiovascular				
☐ Chest Pain or Discomfort	Musculoskeletal			
☐ Swelling of Feet, Ankles or Legs	☐ Joint Pain			
☐ Irregular Heart Beat	☐ Joint Swelling			
☐ Palpitations	□Back Pain			
☐ Varicose Veins	□ Limitations in Range of Motion			
u vancose veins	Limitation in mobility			
	☐ Use of Cane/Walker			
Gastrointestinal	☐ Neck Pain ☐ Muscle Weakness			
☐ Abdominal Pain	☐ Muscle Cramps			
☐ Nausea/Vomiting	☐ Pain/Difficulty Walking			
☐ Indigestion or Heartburn	Li alli/Dillicuity Walking			
☐ Change in Bowel Habits				
☐ Diarrhea				
□ Constipation				
☐ Swallowing Difficulties				
- Owanowing Dimodico				

Please check all medical conditions that apply:

Eyes □ Cataracts □ Glaucoma □ Macular Degeneration □ Other:	Endocrine ☐ Goiter ☐ High Cholesterol ☐ Hypothyroidism ☐ Hyperthyroidism ☐ Type 1 Diabetes
Respiratory	☐ Type 2 Diabetes (Last A1c Level:)
□Asthma	□ Other:
□Bronchitis	
□COPD .	Genitourinary
□ Pneumonia	□Kidney Disease
Other:	□STDs
	□UTIs
Cardiovascular	□Other:
□ Aneurysm	
☐ Angina ☐ Blood Clot (DVT)	Chin
☐ Dysrhythmia	Skin
☐ High Blood Pressure	□Lumps or Masses
☐ Murmur	□ Dermatitis
☐ Peripheral Vascular Disease	□ Mole □ Cellulitis
☐ Congestive Heart Failure	☐ Psoriasis
☐ Heart Attack (MI)	Other:
☐ Atrial Fibrillation	Dottier
☐ Heart Failure	Neurological
☐ Other:	•
	LTC:onvillsions/Seizure
	☐ Convulsions/Seizure ☐ Stroke
Gastrointestinal	□Stroke
☐ Cirrhosis	
☐ Cirrhosis ☐ Reflux Disease	□ Stroke □ TIA □ Alzheimer's/Dementia
☐ Cirrhosis ☐ Reflux Disease ☐ Gallbladder Disease	□Stroke □TIA
☐ Cirrhosis ☐ Reflux Disease ☐ Gallbladder Disease ☐ Hemorrhoids	□ Stroke □ TIA □ Alzheimer's/Dementia
☐ Cirrhosis ☐ Reflux Disease ☐ Gallbladder Disease ☐ Hemorrhoids ☐ Hepatitis	☐ Stroke ☐ TIA ☐ Alzheimer's/Dementia ☐ Other:
☐ Cirrhosis ☐ Reflux Disease ☐ Gallbladder Disease ☐ Hemorrhoids ☐ Hepatitis ☐ Hernia	□ Stroke □ TIA □ Alzheimer's/Dementia □ Other: Musculoskeletal □ Arthritis □ Rheumatoid Arthritis
☐ Cirrhosis ☐ Reflux Disease ☐ Gallbladder Disease ☐ Hemorrhoids ☐ Hepatitis ☐ Hernia ☐ Jaundice	□ Stroke □ TIA □ Alzheimer's/Dementia □ Other: Musculoskeletal □ Arthritis □ Rheumatoid Arthritis □ Gout
☐ Cirrhosis ☐ Reflux Disease ☐ Gallbladder Disease ☐ Hemorrhoids ☐ Hepatitis ☐ Hernia ☐ Jaundice ☐ Ulcer	□ Stroke □ TIA □ Alzheimer's/Dementia □ Other: Musculoskeletal □ Arthritis □ Rheumatoid Arthritis □ Gout □ Injury/Fracture
☐ Cirrhosis ☐ Reflux Disease ☐ Gallbladder Disease ☐ Hemorrhoids ☐ Hepatitis ☐ Hernia ☐ Jaundice	□ Stroke □ TIA □ Alzheimer's/Dementia □ Other: Musculoskeletal □ Arthritis □ Rheumatoid Arthritis □ Gout □ Injury/Fracture □ Meniscus Tear
☐ Cirrhosis ☐ Reflux Disease ☐ Gallbladder Disease ☐ Hemorrhoids ☐ Hepatitis ☐ Hernia ☐ Jaundice ☐ Ulcer ☐ Crohn's Disease	□ Stroke □ TIA □ Alzheimer's/Dementia □ Other: Musculoskeletal □ Arthritis □ Rheumatoid Arthritis □ Gout □ Injury/Fracture □ Meniscus Tear □ Ligament Tear
☐ Cirrhosis ☐ Reflux Disease ☐ Gallbladder Disease ☐ Hemorrhoids ☐ Hepatitis ☐ Hernia ☐ Jaundice ☐ Ulcer ☐ Crohn's Disease ☐ Ulcerative Colitis	□ Stroke □ TIA □ Alzheimer's/Dementia □ Other: Musculoskeletal □ Arthritis □ Rheumatoid Arthritis □ Gout □ Injury/Fracture □ Meniscus Tear □ Ligament Tear □ Plantar Fasciitis
☐ Cirrhosis ☐ Reflux Disease ☐ Gallbladder Disease ☐ Hemorrhoids ☐ Hepatitis ☐ Hernia ☐ Jaundice ☐ Ulcer ☐ Crohn's Disease ☐ Ulcerative Colitis	□ Stroke □ TIA □ Alzheimer's/Dementia □ Other: Musculoskeletal □ Arthritis □ Rheumatoid Arthritis □ Gout □ Injury/Fracture □ Meniscus Tear □ Ligament Tear
☐ Cirrhosis ☐ Reflux Disease ☐ Gallbladder Disease ☐ Hemorrhoids ☐ Hepatitis ☐ Hernia ☐ Jaundice ☐ Ulcer ☐ Crohn's Disease ☐ Ulcerative Colitis	□ Stroke □ TIA □ Alzheimer's/Dementia □ Other: Musculoskeletal □ Arthritis □ Rheumatoid Arthritis □ Gout □ Injury/Fracture □ Meniscus Tear □ Ligament Tear □ Plantar Fasciitis
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☐ Cirrhosis ☐ Reflux Disease ☐ Gallbladder Disease ☐ Hemorrhoids ☐ Hepatitis ☐ Hernia ☐ Jaundice ☐ Ulcer ☐ Crohn's Disease ☐ Ulcerative Colitis ☐ Other:	□ Stroke □ TIA □ Alzheimer's/Dementia □ Other: Musculoskeletal □ Arthritis □ Rheumatoid Arthritis □ Gout □ Injury/Fracture □ Meniscus Tear □ Ligament Tear □ Plantar Fasciitis
□ Cirrhosis □ Reflux Disease □ Gallbladder Disease □ Hemorrhoids □ Hepatitis □ Hernia □ Jaundice □ Ulcer □ Crohn's Disease □ Ulcerative Colitis □ Other: □ Other: □ Psychological □ Depression □ Anxiety □ Bipolar Disorder	□ Stroke □ TIA □ Alzheimer's/Dementia □ Other: Musculoskeletal □ Arthritis □ Rheumatoid Arthritis □ Gout □ Injury/Fracture □ Meniscus Tear □ Ligament Tear □ Plantar Fasciitis
□ Cirrhosis □ Reflux Disease □ Gallbladder Disease □ Hemorrhoids □ Hepatitis □ Hernia □ Jaundice □ Ulcer □ Crohn's Disease □ Ulcerative Colitis □ Other: □ Psychological □ Depression □ Anxiety □ Bipolar Disorder □ Suicidal Ideation	□ Stroke □ TIA □ Alzheimer's/Dementia □ Other: Musculoskeletal □ Arthritis □ Rheumatoid Arthritis □ Gout □ Injury/Fracture □ Meniscus Tear □ Ligament Tear □ Plantar Fasciitis
□ Cirrhosis □ Reflux Disease □ Gallbladder Disease □ Hemorrhoids □ Hepatitis □ Hernia □ Jaundice □ Ulcer □ Crohn's Disease □ Ulcerative Colitis □ Other: □ Other: □ Psychological □ Depression □ Anxiety □ Bipolar Disorder	□ Stroke □ TIA □ Alzheimer's/Dementia □ Other: Musculoskeletal □ Arthritis □ Rheumatoid Arthritis □ Gout □ Injury/Fracture □ Meniscus Tear □ Ligament Tear □ Plantar Fasciitis

□ Cataract/lens removal Total Knee Replacement □LASIK ☐ Riaht ☐ Skin cancer excision □ Left Partial Knee Replacement □Tonsillectomy □ Appendectomy □ Right ☐ Cholecystectomy (gallbladder removal) □ Left ☐ Hernia Repair Arthroscopic Procedure _____ ☐ Bariatric/Gastric Bypass/Sleeve □ Riaht □Prostatectomy □ Left **□TURP** Hip Replacement □ Cesarean Section ☐ Right ☐ Bilateral Tubal Ligation □ Left □ Dilations & Curettage Rotator Cuff Surgery □Hysterectomy ☐ Right □Vasectomy □ Left ☐ Breast resection/Mastectomy Carpal Tunnel Release □ Cardiac Bypass □ Right ☐ Stent Placement x □ Left □ Pacemaker/Defibrillator ☐ Other:_____ ☐ Laminectomy Other:_____ ☐ Spinal Fusion □Other: ☐ Bone Fracture w/ surgical repair_____ □Other:____ Please check all social history that applies: Tobacco use: Alcohol use: □ Never Smoker ☐ Do not Drink □ Former Smoker: Year Quit_____ □Occasional Drink □Current Light Smoker_____ □ Drink Daily □Current Heavy Smoker_____ ☐ History of alcohol abuse **Drug Use:** ☐ No Illicit drug Use □ Illicit Drug Use □ IV Drug Use Please check all ALLERGIES that apply: □ No Known Drug/Food Allergies □Seasonal Allergies □Latex Other:____ □Shellfish □Other:_____ □ Contrast dye Other:_____ □lodine □Other:_____ □ Chicken/Feathers Other:_____ □Eggs Other:____

Please check all surgical procedures that apply:

Please List ALL CURRENT MEDICATIONS:	
	_
	_
	_
	_
Previous Injections:	Previous Imaging/Diagnostic Testing:
☐ Cortisone/Steroid	□ X-Ray
Which Joint(s):	□ Which Joint(s):
How many total:	□ Date:
Last dose date:	□ MRI
☐ Other Injections (PRP, HA, Stem cell)	□ Which Joint(s):
Which Joint(s):	□ Date:
How many total:	Dain Lavel (0.40)
Last dose date:	Pain Level (0-10):
	Level at least: /10
Previous Physical Therapy:	Level at most: /10
Which Joint(s):	N
How many visits:	Nature of Symptoms:
Last Visit Date:	☐ Sharp ☐ Shooting
	☐ Dull
Frequency of Symptoms:	☐ Stiffness ☐ Aching
☐ Constant (76%-100% of day)	☐ Clicking/Locking
☐ Frequent (51%-75% of day) ☐ Occasional (26%-50% of day)	□ Numbness
☐ Infrequent (1%-25% of day)	☐ Tingling ☐ Burning
	☐ Radiating

Please che	ck ALL the activ	vities that cau	use your	Please check ALL reme	edies you have	used to
<u>pain/mobili</u>	ty to worsen:			relieve the pain/discom	nfort:	
☐ Sitting ☐ Standing ☐ Walking ☐ Exercising ☐ Stair Clim ☐ Sleeping/☐ Driving ☐ Dancing ☐ Recreation ☐ Working ☐ Lifting >1	nbing Laying down			□ NSAIDs (aleve, motrin □ Tylenol □ Topical Creams □ Heat □ Ice □ Sleeve/Brace □ Rest □ Movement □ Elevation □ Exercise	n, advil)	
What activi	ties would you	like to get ba	ck to after the t	reatment?		
Additional	Notes/Commen	ıts:				
<u>Signature:</u>				Date:		
			INTERNAL US	<u>E</u>		
Vitals:				Is the Patient a Candida	ate? □ Yes	□ No
W:	BP:	P:		Kellgren OA Level RIGHT Knee:	2 3	4
H:	T:			LEFT Knee:	2 3	