

Health Screening Form

| Reason for Visit Today: | | | | | | | |
|--|---|-------|--|----------------------|---|------------------------------|---|
| History of Present | Illness: _ | | | | | | |
| Past Medical Histo | ory (Circle |) | | | | | |
| Heart Problems Hypertension Vascular Disease Stroke Diabetes Osteoarthritis Other: | Hepa HIV P Rheu Obesi Alcoh | olism | ritis MRSA Kidney Disea Osteoporosis | sease sease se | Seizure Di Hearing Lo Currently Psychiatri | oss | |
| Previous Surgeries | s/Orthotic | Care: | | | | | _ |
| ADLs, Recreationa | l Activitie | s: | | | | | |
| Living Status: Alc | one/Witho | | e Home verm Care Facility_ | | tance | | |
| Treatment Past an | d Current | .: | | | | | |
| | | | | | | | |
| Pain: 0 1 No Pain | 2 | 3 4 | 5 6 Moderate | 7 | 8 9 | 10 Worst Pain Possible | |