



Medical History

Willow Grove Physical Therapy

Regency Towers Apartments
1001 Easton Road - 101 Manor
Willow Grove, PA 19090
215-659-7759
Fax: 215-659-6658

Name (please print): _____

Date: _____

Please circle any conditions that you have been told you have.

Diabetes Heart Disease/Angina/Chest Pain/Pacemaker Stroke High Blood Pressure
Seizures Metal Implants Osteoarthritis Osteoporosis Rheumatoid Arthritis
Headaches Migraines Depression/Anxiety Lung Disease Liver Disease
Fibromyalgia Allergies/Asthma

Cancer (please explain):

Other: _____

Recent Hospitalization (please explain):

Past Surgical History (please explain):

Are you pregnant?..... yes no
Are you dizzy? yes no
Are you unsteady?..... yes no
Have you had any recent falls?..... yes no
Have you experienced any change in your hearing?..... yes no
Have you experienced any visual changes?..... yes no
Do you smoke?..... yes no
Do you take any blood thinners?..... yes no
Have you had significant weight change?..... yes no

Please list medications:

Patient Signature _____

Date _____