

# COLORADO CENTER FOR PHYSICAL THERAPY

Neuromuscular Therapy • Pelvic Floor Pain & Rehabilitation • Orthopedic Rehabilitation

## CCPT Confidential Health History Form Continued

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name: \_\_\_\_\_

I primarily sleep on my:      Side      R / L      Back      Stomach      (circle all that apply)

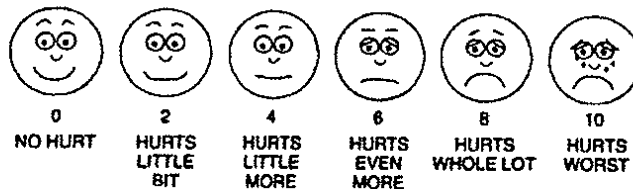
I wear:      Orthotics      Heel lifts      R / L      Arch supports      Inner soles      (circle all that apply)

Habits:	None	Times/day	Times/week	Times/month
Exercise	_____	_____	_____	_____
Alcohol	_____	_____	_____	_____
Caffeine	_____	_____	_____	_____
Tobacco	_____	_____	_____	_____
Sugar	_____	_____	_____	_____

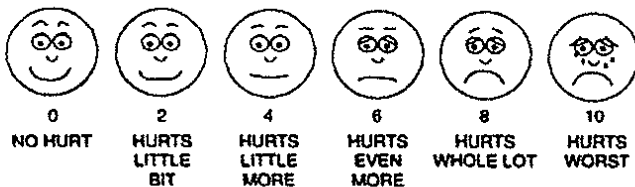
Do you have a difficult time with any of the following? (circle all that apply)

High blood pressure	Allergies/hay fever	Headaches	Spinal disc problems
Low blood pressure	Asthma	Head feels too heavy	Neuropathy
Heart disease	Cancer	Shooting head pains	Cold hands and/or feet
Stroke	Diabetes	Light sensitivity	Arthritis: OA and/or RA
TIA	Anemia	TMJ/Jaw pain	Joint pain
Thyroid problems	Tuberculosis	Chest pain	Swollen joints
Kidney problems	HIV/Aids	Loss of smell	Arms/hands: R or L
Liver problems	Depression	Dizziness/ Fainting	- pain
Hepatitis	Anxiety	Vertigo	- pins/needles
Gall bladder problems	Memory loss	Loss of balance	- numbness
Ulcers	Sleep disorder	Ringling of your ears	Legs/feet: R or L
Nervous stomach	Cold sweats	Wear contacts/glasses	- pain
Inner tension	Fatigue		- pins/needles
Intestinal problems	Irritability		- numbness
Constipation/diarrhea	Nervousness		Muscle spasm
Urinary problems			Muscle twitching
Pelvic pain			

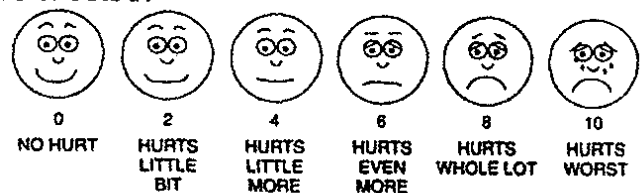
NOW:



At it's BEST:



At it's WORST:



Advanced Spine Strengthening • Therapeutic Massage • Rehabilitative Pilates • Pilates Reformer Classes

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