

DUNBAR THERAPY CENTER

1313 Dunbar Avenue, Dunbar WV 25064 Phone:304-400-4896 Fax:304-400-4897

Physical~Occupational~Speech Therapy

MEDICAL HISTORY

NAME _____ HEIGHT _____ WEIGHT _____ DOB _____

Yes No

Have you had an operation of any kind?

If yes, please list _____

Do you have sugar diabetes?

Do you have high blood pressure?

Have you ever had tuberculosis?

Have you ever had heart trouble?

Do you have problems with breathing?

Do you bleed easily?

Have you ever had liver disease?

Do you have a history of cancer?

Do you have a pacemaker?

Do you have any other medical problems?

If yes, please list _____

Are you allergic to any medicines?

Do you take medication daily?

If yes, please list _____

IF ANY OTHER EXPLANATIONS ARE NECESSARY, USE SPACE BELOW

Signature _____ Date _____