ProCare REHABILITATION L.L.C.

Name:_____ **Date:** _____

Medical History

Please add any additional current or past medical history that you need to inform our staff of prior to your evaluation (e.g., Osteoporosis, Hypoglycemia, Recent bone injuries, Pregnancy, Dizziness, etc.):

_____

_____

_____

_____

Surgeries/Hospitalizations:

	Surgery Type	Hospital	Dates
1.			
2.			
3.			
4.			

Please specify any allergies: _____

_____

Current prescription and/or over the counter medications:

_____

_____

PLEASE NOTE YOUR CURRENT PAIN LEVEL