



...we bring physical therapy to your door  
**Alaska Therapeutic & Aquatic Specialists, LLC**  
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 akaquapt.com

### Health History Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Problem: \_\_\_\_\_

How did you get injured:  Motor Vehicle Accident:  Belted Hit:  Rear  Front  Drivers  Passenger  
 Work related  Fall  Unknown  Surgery

Current Pain level (1-10) \_\_\_/10 @ rest \_\_\_/10 w/ mvmt Worst Pain level \_\_\_/10

Pain description:  Constant  Intermittent Description:  Sharp  Burning  Dull  Ache  Throbbing \_\_\_\_\_

Neuro symptoms:  Numbness  Tingling Where: \_\_\_\_\_

24 hour Pain Pattern: *Mornings:*  Normal  Pain ↑/↓  Stiff  Fatigued  
*Day:*  Normal  Pain ↑/↓  Stiff  Fatigued  
*End of Day:*  Normal  Pain ↑/↓  Stiff  Fatigued

Night Pain/Symptoms:  Sleep thru  Wakes How many hours of sleep: \_\_\_\_\_ How many pillows: \_\_\_\_\_ Where: \_\_\_\_\_

Aggravating factors for your pain/symptoms:  None  Rest  Movement \_\_\_\_\_

Easing factors for your pain/symptoms:  None  Rest  Movement \_\_\_\_\_

Previous tx/results:  Chiropractor  PT  Massage Therapy  Steroid Injection  Acupuncture Did treatment help/worsen symptoms: \_\_\_\_\_

Diagnostic Testing:  X-Ray:  MRI:  CT:  NCV:  EMG:  Bone Scan  
 Results:  None  Negative  Undisclosed

Surgeries/Dates:  See List (list body part & dates) \_\_\_\_\_

Medications:  NA  See List (list medication, amount, & reason for taking)

Supplements: \_\_\_\_\_

Allergies:  See List  Medications  Animals  Seasonal  Latex  Foods  \_\_\_\_\_

Nutrition:  Meat/Carbs/Veg  Vegetarian  High Protein  Low CHO  Diabetic

Hydration: How much water in cups: \_\_\_\_\_ Caffeine(coffee/tea/soda): \_\_\_\_\_ ETOH: \_\_\_\_\_

Assistive Device/Equipment:  NA  Cane  Crutches  Walker  Manual WC  Power WC  AFO  Orthotics  Brace  Tape  Sling

Bed Mobility:  Independent  Need assistance into bed *Mattress Type:*  Box  Futon  Water  Air  Foam  Hospital

Sleeping Position:  prone  supine  R side  L side  Pillows \_\_\_\_\_

Home/Social:  Stress  No Assistance  PCA  Support  Lives alone  Children/Grand ages \_\_\_\_\_ weight if lifting \_\_\_\_\_  
 Animals weight if walking \_\_\_\_\_  
 Ranch  multilevel  \_\_\_\_\_ Stairs \_\_\_\_\_ floors

Self Care:  Independent Needs Assistance:  Dressing  Feeding  Bathing  Hygiene/Toileting  Grooming  
 Transfers  Cooking  Cleaning  Driving  Shopping  Yard Work

List current physical activities:  Sedentary: TV/Reading/Crafts  Moderate: Shopping  Recreational Sports \_\_\_\_\_  Competitive

Gym – which one? \_\_\_\_\_  wt lifting  swimming  treadmill \_\_\_\_\_

Hobbies: \_\_\_\_\_

Work: Title \_\_\_\_\_ Type: \_\_\_\_\_

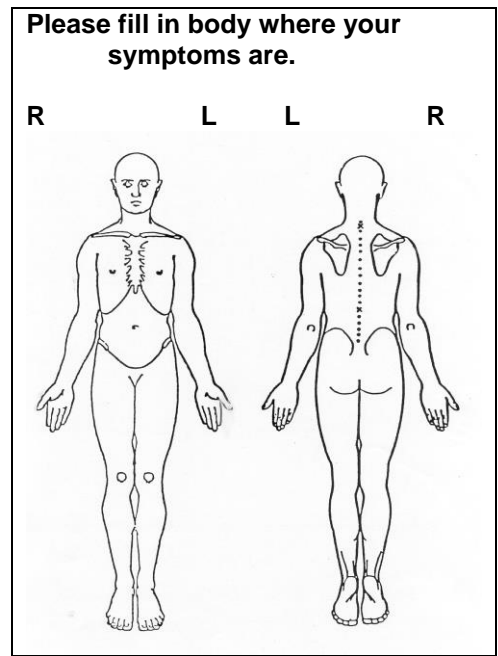
- Not working  Retired  Disabled  Injured  Off work how long \_\_\_\_\_  Stressful  Have you had a work station assessment
- Light Duty  Full Duties  Part Time  Full Time
- Computer  Sitting  Laborer  Standing  Walking  Lifting  Bending  Stairs
- Twisting  Overhead  Field Work  Climbing  Repetitive  Jumping  Phone  Driving

**Special Questions:** Check all that apply:

Check box if yes

Please check box if taking medication

- Arthritis: Osteo- &/or Rheumatoid
- Bleeding Tendency/Clotting Problems
- Bowel/Bladder Dysfunction
- Broken Bones of Neck/Back
- Broken Bones: \_\_\_\_\_
- Cancer: type: \_\_\_\_\_ Date: \_\_\_\_\_
- Chemical Dependency: \_\_\_\_\_
- Circulation Disorders
- Diabetes Type I Type II
- Epilepsy/Seizures
- Fall History how many in last year? \_\_\_ when? \_\_\_\_\_
- Fibromyalgia
- Headaches/Migraines
- Head/Brain Injury
- Hearing Impairments: deaf/aides/tinnitus
- Heart Disorders/Abnormal EKG \_\_\_\_\_
- High Blood Pressure
- Hernia Hiatal/Inguinal/Umbilical
- Immunity Disorders \_\_\_\_\_
- Implants: pacemaker/replacements
- Infections: Ear/Bladder/ \_\_\_\_\_
- Jaundice/Hepatitis
- Kidney Problems/Incontinence
- Lung Disorders/Coughing/Sneezing \_\_\_\_\_
- Neck/Back Pain
- Neuromuscular Disorders (MS/Stroke/Polio)
- Obesity: Current weight \_\_\_\_\_ +/- \_\_\_\_\_ in last mos
- Osteoporosis/Osteopenia
- Rheumatic Fever
- Paralysis/Stroke/TIAs
- Pregnant/C-sections/Natural/Multiple
- Psychological/Mental/Behavioral Disorders \_\_\_\_\_
  
- Replacements (joint/organ) \_\_\_\_\_
- Respiratory Disorder/Asthma/Emphysema
- Skin Disorders: \_\_\_\_\_
- Smoke, packs/day \_\_\_\_\_, years \_\_\_\_\_
- Stomach/Intestinal Disorders/Nausea
- Swallowing/Chewing/Jaw pain
- Systemic Disorders (Lupus/ALS)
- Trauma/Accidents when? \_\_\_\_\_
- Vestibular Disorders/Dizzy Spells
- Visual: blind/cataracts/contacts/glasses/glaucoma



**Swimming Ability:**

- Competitive
- Recreational
- More that 1 length of pool
- Less than 1 length of pool
- Able to put face in water
- Scared & Uncomfortable

**How did you hear about Alaska Therapeutic & Aquatic Specialists?**

- MD
- Friend \_\_\_\_\_
- Brochure
- Website
- Google
- Advertisement
- other: \_\_\_\_\_

Treatment Goals: Normal ↓ pain ↓edema ↑ ROM ↑Strength  Return to Work/Sport/ADL Vacation HEP/Gym program House/Yard work  
Prevention Other: \_\_\_\_\_

Expand any information with extra copies of health history. Any change in this history, I will notify my Therapist.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_