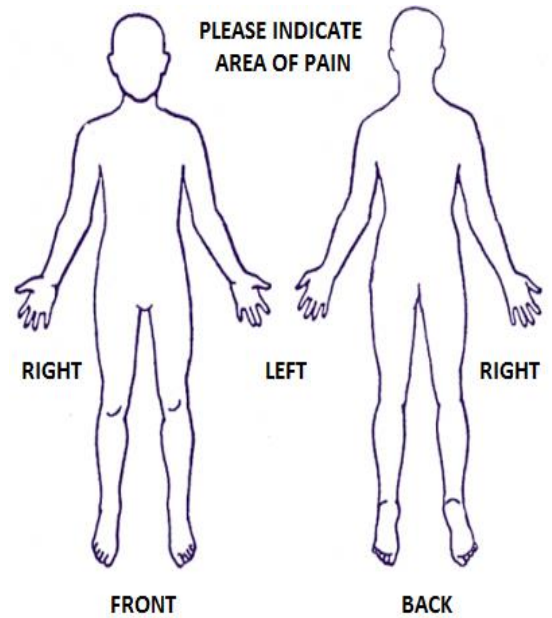


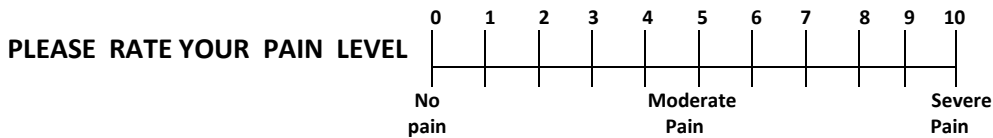


**PLEASE PROVIDE YOUR MEDICAL HISTORY BELOW:**

DIABETES . . . . .	YES	NO	ARE YOU PREGNANT? . . . .	YES	NO
HIGH BLOOD PRESSURE . .	YES	NO	ALLERGIES . . . . .	YES	NO
STROKE . . . . .	YES	NO	SINUS ALLERGY . . . . .	YES	NO
HEART ATTACK . . . . .	YES	NO	PREVIOUS SURGERY. . . . .	YES	NO
HEART SURGERY . . . . .	YES	NO	JOINT REPLACEMENT . . . .	YES	NO
PACEMAKER . . . . .	YES	NO	METAL IMPLANTS. . . . .	YES	NO
HEADACHES . . . . .	YES	NO	CANCER . . . . .	YES	NO
MIGRAINES . . . . .	YES	NO	ARTHRITIS . . . . .	YES	NO
NERVOUSNESS . . . . .	YES	NO	RHEUMATOID ARTHRITIS. . .	YES	NO
ANXIETY . . . . .	YES	NO	GOUT . . . . .	YES	NO
DEPRESSION . . . . .	YES	NO	OSTEOPOROSIS . . . . .	YES	NO
SEIZURES . . . . .	YES	NO	SENSITIVE HEAT / ICE. . . .	YES	NO
FIBROMYALGIA . . . . .	YES	NO	SLEEPING PROBLEMS. . . . .	YES	NO
LUPUS . . . . .	YES	NO	TMJ / JAW PAIN. . . . .	YES	NO
ASTHMA . . . . .	YES	NO	SINUS PROBLEMS . . . . .	YES	NO
COPD . . . . .	YES	NO	NEUROPATHY . . . . .	YES	NO
HERNIA . . . . .	YES	NO	PSYCHIATRIC CARE . . . . .	YES	NO
VISION PROBLEMS . . . . .	YES	NO	VARICOSE VEINS . . . . .	YES	NO
VERTIGO . . . . .	YES	NO	KIDNEY PROBLEMS . . . . .	YES	NO
CONSTIPATION . . . . .	YES	NO	AUTO ACCIDENTS . . . . .	YES	NO
ULCERS . . . . .	YES	NO	HYSTERECTOMY . . . . .	YES	NO



If YES to any of the above, please explain and give approximate dates: \_\_\_\_\_



Are you currently taking any medication? Yes  No  If YES, please list all medications and for what condition: \_\_\_\_\_

**Have you had Physical Therapy/ Occupational Therapy/ Speech Therapy / Chiropractic /Home Health services for this or any other condition within the last 12 months?**

Yes  No  If YES, please provide details of when (approx. dates), where and total number of visits \_\_\_\_\_

**Notice of Privacy Practices:**

I certify that I have received information about the Notice of Privacy Practices from AUM Physical Therapy & Yoga Center, Inc. regarding the HIPAA rules which became effective April 13, 2003.

The above information is correct to the best of my knowledge.

**X**  
\_\_\_\_\_  
**Patient/Legal Guardian Signature**

\_\_\_\_\_  
**Date**