

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Referring Doctor: \_\_\_\_\_ PCP: \_\_\_\_\_ Other Doctors: \_\_\_\_\_  
 Referring Medical Diagnosis: \_\_\_\_\_ Onset of Symptoms \_\_\_\_\_ Surgery Date \_\_\_\_\_

**Treatment Contraindication/Precaution:**  none  cardiac  HTN  diabetes  cancer  pregnant  
 Can you:  swim  float \* Are you comfortable in water:  4 ft  6 ft \* Do you lose balance in water?  No  Yes  
 Have you experienced any negative effects from:  chlorine  exercising in 88-92 degree water  
 other \_\_\_\_\_

**Subjective Information:**

Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_  
 Vocational Status:  N/A  Employed  Not Employed Last Date of Work? \_\_\_\_\_  
 Retired  Disability  Student Level? \_\_\_\_\_  
 Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Social/Living Situation:  Home  Apartment/Townhouse  Stairs How many? \_\_\_\_\_  
 Animals \_\_\_\_\_ Other \_\_\_\_\_  
 Family Living with You \_\_\_\_\_ Not Living with You \_\_\_\_\_

**Exercise History:**  sedentary,  moderate,  extreme,  
 Do you belong to a gym, pool, performing arts center, team. club? Where? \_\_\_\_\_  
 Doing what? \_\_\_\_\_ How often? \_\_\_\_\_  
 Do you know of any reason why you should not participate in an exercise program?  No  Yes  
 Describe \_\_\_\_\_  
 Is your doctor aware of your decision to participate in an exercise program?  No  Yes  
 Has your doctor told you that you have a heart condition and should only do exercise recommended by a doctor?  
 Have you exercised in:  shallow water  deep water  
 Do you feel pain in your chest when you do  physical activity  pins and needles  numbness  
 In the last month have you had  chest pain at rest  dizziness  loss of consciousness

**Previous Medical History:**

Medications: (all) \_\_\_\_\_  
 Smoke \_\_\_\_\_/day, Years \_\_\_\_\_, Quit \_\_\_\_\_ Weight:  Gain  Loss Amount \_\_\_\_\_ Why? \_\_\_\_\_  
 Alcohol:  0-7/week,  7-14/week,  14+/week Menses:  N/A  Regular  Irregular Describe \_\_\_\_\_  
 heart \_\_\_\_\_  blood pressure \_\_\_\_\_  lung \_\_\_\_\_  psych \_\_\_\_\_  
 cancer \_\_\_\_\_  diabetes \_\_\_\_\_  neuropathy \_\_\_\_\_  dizziness \_\_\_\_\_  
 headache \_\_\_\_\_  blackouts \_\_\_\_\_  anemia \_\_\_\_\_  arthritis  pace maker  
 cataracts \_\_\_\_\_  macular degeneration \_\_\_\_\_  glaucoma \_\_\_\_\_  glasses/contacts \_\_\_\_\_  
 pregnant now \_\_\_\_\_  allergies \_\_\_\_\_  central pain syndrome  
 Other conditions/disorders/illness/surgeries \_\_\_\_\_

Do you have any:  bladder or bowel incontinence  open wounds  infection

**Current Medical History and Symptoms:**

Do you have any of the following symptoms?  pain  spasm  tingling  numbness  weakness  
 swelling  pop/lock/give way  cramps  other \_\_\_\_\_  
 Where? \_\_\_\_\_  
 How severe?  constant  Intermittent  \_\_\_\_/10 at present  \_\_\_\_/10 to \_\_\_\_/10 over the last week  
 Made worse by \_\_\_\_\_ made better by \_\_\_\_\_  
 Started on \_\_\_\_\_ Getting  better  worse  same  
 Caused by  insidious  MVA  work injury  other \_\_\_\_\_  
 Dr diagnosed as \_\_\_\_\_ Tests:  X-ray  MRI  other \_\_\_\_\_  
 Treatment to date \_\_\_\_\_