Kamloops Active Health
865 Seymour Street
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MEDICAL HISTORY

Date: ____ / ____ / ____

Name: _____

Please indicate any of the following conditions you have or have had: **Please use 'P' for past and 'C' for current**

Injuries

- Head injury/concussion ☐
- neck/whiplash ☐
- shoulder ☐
- arm/wrist/hand ☐
- mid-back/low back ☐
- hip/groin ☐
- knee ☐
- ankle/foot ☐
- Other:_____ ☐

Muscle/Joint

- Arthritis. Type:_____ ☐
- Degenerative Joint Disease ☐
- Degenerative Disc Disease ☐
- Joint Instability ☐
- Scoliosis ☐
- Ankylosing Spondylitis ☐
- Fibromyalgia/Chronic Pain Syndrome ☐
- osteoporosis/ osteopenia ☐
- Other_____ ☐

Please list any previous surgeries:

_____

_____

Respiratory

- Asthma ☐
- chronic cough ☐
- bronchitis ☐
- emphysema ☐
- difficulties breathing ☐
- smoker ☐
- Other_____ ☐

Skin ☐

- Dry Skin ☐
- eczema ☐
- Rash ☐
- psoriasis ☐
- Other_____ ☐

Mental/Emotional ☐

- increased stress ☐
- depression ☐
- anxiety ☐
- trouble concentrating ☐
- poor memory ☐
- Other_____ ☐

Cardiovascular

- High Blood Pressure ☐
- Low Blood Pressure ☐
- Congestive Heart Failure ☐
- Heart Attack. How long ago_____ ☐
- Heart Disease. Type:_____ ☐
- Stroke. How long ago:_____ ☐
- pakemaker or similar device ☐
- Blood Clot ☐
- Other:_____ ☐

Women

- Pregnant. Due:_____ ☐
- miscarriage ☐
- Currently using oral contraception ☐
- menopause ☐
- Number of C sections_____ ☐
- Number of natural deliveries____ ☐
- gynecological conditions ☐
- Other_____ ☐

Infections

- hepatitis ☐
- Tuberculosis ☐
- HIV ☐
- Other_____ ☐

Other

- Allergies_____ ☐
- Diabetes. Onset:_____ ☐
- Cancer:_____ ☐
- numbness/tingling ☐
- headaches/migraines ☐
- Jaw Pain ☐
- hypothyroid ☐
- Hyperthyroid ☐
- hypoglycemic ☐
- Hyperglycemic ☐
- Indigestion ☐
- Heartburn ☐
- Hearing problems ☐
- Insomnia ☐
- Dizziness or Fainting ☐
- trouble with urination ☐
- trouble with bowel movements ☐
- vision problems ☐
- hearing problems ☐
- night sweats ☐
- flu/cold ☐
- Immunosuppressed ☐
- sleep apnea ☐
- epilepsy ☐

Please list any other injuries or conditions you think may be pertinent:

_____

_____

_____