Penn Ohio Rehabilitation
PHYSICAL • OCCUPATIONAL • AQUATIC

724-962-7920
1599 N. Hermitage Rd.
Hermitage, PA 16148

724-946-3313
152 Waugh Ave.
New Wilmington, PA 16142

Fax 724-9462-6029

Name: ______________________________ **Date:** ______________

Health History:

Please indicate if you have ever been diagnosed with, treated for, or experienced symptoms of any of the following conditions:

Comments:	Comments:
☐ Kidney Disease______________	☐ Cancer______________
☐ Angina/Chest Pain______________	☐ Rheumatic Fever______________
☐ Heart Attack/Heart Disease______________	☐ Tuberculosis/TB______________
☐ High/Low Blood Pressure______________	☐ Hepatitis______________
☐ Diabetes______________	☐ Stroke/TIA______________
☐ Shortness of Breath______________	☐ Arthritis______________
☐ Asthma/Emphysema______________	☐ Circulation Problems/Phlebitis______________
☐ Dizziness/Syncope______________	☐ Muscle/Nerve Disorder______________
☐ Seizures______________	☐ Use Tobacco______________ (smoking/chewing)
☐ Bowel/Bladder Problems______________	☐ Use Alcohol______________
☐ Rectal/Vaginal bleeding______________	☐ Are you pregnant? ______________
☐ Osteoporosis______________	

Are you experiencing any of the following?

__ Unexplained cough of 2 weeks or more
__ Night Sweats
__ Unexplained fever
__ Unexplained weight loss
__ Loss of appetite
__ Bloody sputum

Please list any recent hospitalizations and/or surgeries along with approximate dates:

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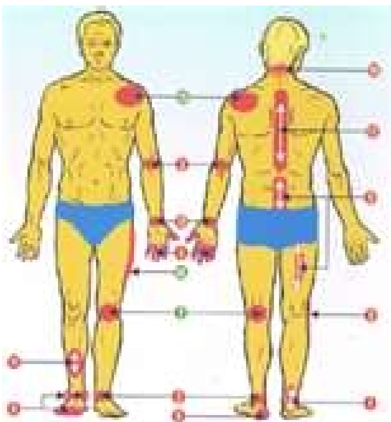
Please list the medications that you currently are taking:

____

Pain Log: Please shade areas that you are experiencing pain and/or altered sensation. Is this pain and/or altered sensation continual? Yes________ No________



Pain Rating: Please circle one of the following which best describes your pain today:

0 - No pain at all
.5 - Very, very weak pain
1 - Very weak pain
2 – Weak pain
3 – Moderate pain
4 – Somewhat strong pain
5 – Strong pain
6 –
7 – Very strong pain
8 –
9 –
10 – Very, very strong pain
10+ - Maximal pain