Innova Physio & Sports Rehab
(Formerly: Upper Ottawa Physiotherapy)
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HEALTH HISTORY QUESTIONNAIRE

Name: _____ DOB: ____dd/____mm/_____yyyy

1. WHAT IS YOUR PRIMARY COMPLAINT (OR BODY PART) THAT YOU ARE SEEKING TREATMENT FOR TODAY? _____
_____

2. DO YOU PRESENTLY OR HAVE EVER HAD ANY OF THE FOLLOWING? CHECK ALL THAT APPLY:

☐ PACEMAKER	☐ ARTHRITIS	☐ VIRAL HEPATITIS
☐ HEART PROBLEM	☐ HIV/AIDS	☐ LIVER DISEASE
☐ HIGH CHOLESTEROL	☐ CHRONIC	☐ FATIGUE/FIBROMYALGIA
☐ STROKE	☐ REPEATED INFECTIONS	☐ PARKINSON'S DISEASE
☐ LUNG PROBLEMS	☐ THYROID PROBLEMS	☐ ADHD
☐ CANCER	☐ SKIN DISEASES OR SENSITIVITY	☐ ALLERGIES
☐ DIABETES	☐ DEPRESSION	☐ DIGESTIVE PROBLEMS
☐ OSTEOPOROSIS/OSTEOPENIA	☐ ASTHMA	☐ OTHER
☐ HIGH BLOOD PRESSURE	☐ EPILEPSY	
☐ CURRENTLY PREGNANT	☐ ANXIETY	

3. PLEASE PROVIDE A LIST OF ANY SURGERIES (INCLUDING INTERNAL PINS/WIRES/ARTIFICIAL JOINTS), PAST INJURIES OR MAJOR DENTAL WORK _____
_____

4. PLEASE PROVIDE A LIST OF YOUR CURRENT MEDICATIONS_____
_____

5. ANY OTHER RELEVANT INFORMATION THAT IS IMPORTANT _____
_____

6. FAMILY HISTORY _____