

ADAPTIVE

PROSTHETICS & ORTHOTICS

808 Belanger Street • Houma, La 70360

MEDICAL HISTORY FORM

DATE: _____

PATIENT NAME: _____

DOB: _____

CURRENT HEIGHT:	CURRENT WEIGHT:		
REASON FOR VISIT:			
CHECK ALL THAT APPLY:			
<input type="radio"/> Heart Disease	<input type="radio"/> Diabetes	<input type="radio"/> Circulatory disease	<input type="radio"/> Neurological disease
<input type="radio"/> Spinal disorders	<input type="radio"/> Stroke	<input type="radio"/> Foot Drop	<input type="radio"/> Cerebral palsy
<input type="radio"/> Other			
MEDICAL HISTORY PERTAINING TO YOUR VISIT WITH US TODAY:			
HAVE YOU HAD SAME OR SIMILAR ITEM BEFORE?			
IF YES, WHEN? : _____			
****FOR CLINICIAN**** ADDITIONAL NOTES:			