

# ATHLETIX

REHAB  RECOVERY

## HISTORY OF PRESENT COMPLAINT

Describe relevant symptoms: \_\_\_\_\_

Present since \_\_\_/\_\_\_/\_\_\_\_\_ Improving / unchanging / worsening

Commenced as a result of: \_\_\_\_\_ or no apparent reason

What makes it:

Better: \_\_\_\_\_

Worse: \_\_\_\_\_

Previous treatments: \_\_\_\_\_

X-Rays: Yes / No                      MRI: Yes/No                      Results: \_\_\_\_\_

## MEDICAL HEALTH QUESTIONNAIRE

Circle any of the following symptoms that you have experienced in the past month:

Loss of Appetite	Headaches	Shortness of Breath	Fever
Nausea	Vomiting	Change in Bowel/Bladder	Chills
Swelling	Sweats	Bruising/Bleeding	Weakness
Light headedness	Rash	Dizziness	Vertigo
Numbness	Anxiety	Weight loss	