

Name: _____

Date: _____

Health History Form

1. What are you being seen for today? _____

2. When did this problem begin? _____

3. How did this problem occur? _____

4. What is your current pain level today?

No pain	1	2	3	4	5	6	7	8	9	10	Worst Pain
---------	---	---	---	---	---	---	---	---	---	----	------------

5. Please rate your general health: poor fair good excellent

6. Please circle all that apply to your current or past medical history:

Rheumatoid arthritis	High blood pressure	Kidney disease	Menopausal
Osteoarthritis	Heart problems	Multiple sclerosis	Numbness/tingling
Osteoporosis	Stroke	Anemia	Pain at night/rest
History of fractures	Mental illness	Asthma	Abdominal pulsating mass
Cancer	Depression	Emphysema	Changes in skin color
Diabetes	Tuberculosis	Changes in bowel/bladder	Dizziness/Concussions
Currently pregnant	Implanted device	Hepatitis	Chest pain
Seizures	Unexplained weight loss	Migraines/Headaches	Persistent fever/chills
Chemical dependency	Fibromyalgia	Smoking	Weakness
Overweight	Thyroid problems	Sleep disorder/apnea	Calf pain, swelling, warmth

Other: _____

7. Medical allergies: Latex Adhesive Other _____

8. Surgeries: Cancer _____ Heart _____
 Orthopedic _____ Other _____

9. Medications you are currently taking:

Cardiac	Thyroid	Sleep	Muscle relaxants	High Blood Pressure
Hormone replacement	Heparin/Coumadin	Anti-Inflammatory	Steroids	
Anti-seizure	Bone Density	Pain	Anti Depressants	

Other: _____

10. Occupation: _____; or None Student Retired

11. What are your primary job or home tasks?

Prolonged sitting	Prolonged standing	Lifting/carrying	Repetitive tasks
Operating a Machine/Assembly	Driving	Pushing/Pulling	Computer Work

Other: _____

For office use only

Insurance	Action
HP	Pre-Auth needed for > 20 visits/year
Humana	Watch appointment notes for authorization
Medicare (primary, 2 ^o , etc) BCBS Platinum Blue MVA with patient >65 years old	Medicare rules for charging Certification G codes KX modifier if annual Cap exceeded Signed ABN for iontophoresis ATC cannot see
Medicare Replacement	Document time like Medicare Charge like Medicare No G codes or certs needed If Medica Prime Solution, follow Cap rules
MA	Cert needed Charge: Must do 8 min of a code to bill (Normal method) ATC cannot see No G Codes
Self Referred	MD orders needed after 90 days
WK Comp	Must get pre-auth beyond original authorization Do not exceed authorized visits or date range
Not - Medicare (primary, 2 ^o , etc) BCBS Platinum Blue MVA with patient >65 years old Medicare Replacement	Charge: Must do 8 min of a code to bill (Normal method) Document time for each procedure code
Any insurance	Signed waiver if treating with iontophoresis