

**HPT Physical Therapy Specialists, Inc.**  
**Health Risk Questionnaire**

	YES	NO
Do you have heart trouble or heart disease?		
Do you have high blood pressure?		
Has a parent or sibling had heart trouble or stroke before age 60?		
Do you have diabetes? Are you currently taking insulin?		
Do you smoke?		
Do you have asthma, bronchitis, or emphysema?		
Have you ever had rheumatic fever or tuberculosis?		
Do you often experience sudden, <i>unexplained</i> shortness of breath?		
Do you of experience sudden, <i>unexplained</i> rapid heartbeats?		
Do you have any bone or joint diseases or problems?		
Please list medication you are currently taking:		
Have you recently recovered from an illness (e.g. cold, flu, sinus infection)?		
Has a medical doctor informed you that you should not participate in an exercise program or physical activity?		
Is there any other health or medical information that we should know about that may affect your treatment?		
Please list allergies:		
Are you pregnant?		
List any operations/surgeries you have had in the past year:		
Have you recently had a check-up from your physician?		
Other than your reason for being here today, are you in good health?		

Signature: \_\_\_\_\_ Date: \_\_\_\_\_