



Nautilus® Health & Wellness
2570 Route 9W Suite 2
Cornwall, NY 12518
Tel. (845) 534-4224
Fax: (845) 534-4903
Hours: M/W/F/S 8AM-12NOON
T/TH 2-7PM
PRomotionPhysicalTherapy.com

Patient History Form

Today's Date ____/____/____
First Name _____ Middle _____ Last Name _____
Address _____
Apt./Suite _____
City _____ State _____ Zip _____
E-mail _____ SS # _____
Home Phone (____) _____ - _____ Work Phone (____) _____ - _____
Cell Phone (____) _____ - _____ Date of Birth ____/____/____ Gender ____
Occupation _____
Emergency Contact (Name, Relationship, Phone #)

The Purpose of This Visit:

Past Medical and Social History

Family History (Example: Diabetes, Tuberculosis, Breast Cancer, Heart Disease, Stroke, Hypertension, asthma, cirrhosis, etc.):

Personal History:

Cigarettes: _____ Duration: _____ Amount/Day: _____ Alcohol/Week _____
Other Drugs: _____
Caffeine: _____

Medications:

Name of Therapy	Dose	Frequency	Duration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Allergies:

Prior Hospitalization or Surgery:

Year	Cause	Hospital
Length of Stay		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Health Maintenance:

Last Physical Exam- _____

Last Cholesterol Test- _____

Last Blood Test- _____

Last Glucose Result- _____

Check off if you have had or are experiencing any of the following:

General

- Weight Change
- Fever
- Fatigue
- Depression
- Dizziness
- Loss of Sleep
- Nervousness

Head and Neck

- Headaches
- Hearing Loss
- Ear Infections
- Sinusitis

Chest

- Asthma
- Emphysema
- Chronic Cough
- Pneumonia
- Pulmonary Embolism

Neurological

- Seizures
- Stroke
- Transient Attacks (TIAs)
- Numbness
- Memory Loss
- Multiple Sclerosis

Cardiovascular

- Chest Pain
- Heart Attack
- Hypertension
- High Cholesterol
- Congestive Heart Failure
- Mitral Valve Prolapse
- Palpitations
- Irregular Heart Beat
- Pacemaker

Endocrine

- Thyroid Disease
- Diabetes
- Osteoporosis

Skeletal

- Rheumatoid Arthritis
- Lupus
- Scleroderma
- Arthritis
- Chronic Muscle Aches

Vascular

- Venous Thrombosis
- Aneurysm

Consent For Notification of Blood Work/Test Results

Patient Name: _____ Date: _____

I give permission to Nautilus Health and Wellness to notify
_____ of my blood work/test results.

I give permission to Nautilus Health and Wellness to leave the results of my
blood work/test results on my answering machine.

I give permission to Nautilus Health and Wellness to obtain test results from
other doctor's offices and hospitals pertinent to my care.

X _____
Patient Signature

X _____
Witness Signature

Notice of HIPPA Privacy Policy Acknowledgement of Receipt

X _____
X _____
Patient Signature

Witness

X _____

SIGNATURE OF MEDICAL OFFICER ACKNOWLEDGING PATIENTS REFUSAL TO SIGN

PRINT
NAME _____ DATE _____

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