



Connecticut Physical Therapy Specialists

GET BETTER. STAY BETTER.

Health Questionnaire

Please circle the appropriate answer:

- | | | |
|---|-----|----|
| 1. Are you presently restricted from lifting or pulling by any physician? | YES | NO |
| 2. Have you recently had any surgery which should limit your living or pulling? | YES | NO |
| 3. Are you presently placed on medical limitations by your employer or doctor? | YES | NO |
| 4. Has your doctor ever said you have heart trouble? | YES | NO |
| 5. Are you having back problems? | YES | NO |
| 6. Do you have high blood pressure (greater than 140/90)? | YES | NO |
| 7. Have you recently experienced chest discomfort with exertion or shortness? | YES | NO |
| 8. Do you often feel faint or have spells of severe dizziness? | YES | NO |
| 9. Have you ever had a blood clot?
If YES, Where? _____; when? _____ | YES | NO |
| 10. Do you currently have an uncontrolled metabolic disease (diabetes, thyrotoxisis, gout, myxedema, etc.) or serious disorder (mononucleosis, hepatitis, etc.)? | YES | NO |
| 11. Has your doctor ever told you that you have a bone, joint or musculoskeletal problem, such as arthritis or sciatica, that has been made worse by exercise or are you currently under medical care for any bone, joint or musculoskeletal problem? | YES | NO |
| 12. Are you currently taking any prescription or non-prescription medications?
If YES, what and when last taken? _____ | YES | NO |
| 13. Do you have asthma? If YES, are you on daily medications and if so, what and when was last taken? _____ | YES | NO |
| 14. Are you pregnant? | YES | NO |
| 15. Is there a good physical reason not mentioned here why you should not perform these tests even if you wanted to? | YES | NO |

I understand the questions above and have answered them truthful to the best of my knowledge.
I feel physically able to perform the strength and step test.

Employee Signature

Name (Please Print)

Date