Health History Form

Name:_____

Date:_____

1. **What are you being seen for today?** _____
2. **When did this problem begin?** _____
3. **How did this problem occur?** _____
4. **What is your pain level today?**

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

5. **Please circle your health:** poor fair good excellent

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

Anemia	High blood pressure	Overweight	Chest pain
Asthma	History of fractures	Rheumatoid arthritis	Cold/hot extremity
Cancer	Implanted device	Seizures	Foot drop
Chemical dependency	Incontinence	Sleep disorder/apnea	Non-healing wounds
Concussions/Dizziness	Kidney disease	Smoking	Numbness in perianal region
Currently Pregnant	Menopausal	Stroke	Pain at night/rest
Depression	Mental illness	Thyroid problems	Persistent fever/chills
Diabetes	Migraines/Headaches	Tuberculosis	Progressive neurological deficits
Emphysema	Multiple sclerosis	Abdominal pulsating mass	Severe dizziness
Fibromyalgia	Numbness/tingling	Calf pain, swelling, warmth	Severe headaches
Heart problems	Osteoarthritis	Changes in bowel/bladder	Significant weakness
Hepatitis	Osteoporosis	Change in skin color	Unexplained weight loss

Other:_____

7. **Medical allergies:** Latex Adhesive Other_____
8. **Surgeries:**
   Cancer_____ Heart _____
   Orthopedic _____ Other _____
9. **Medicines you are currently taking:**

Anti-depressants	Bone density	High blood pressure	Pain	Thyroid
Anti-inflammatory	Cardiac	Hormone replacement	Sleep	
Anti-seizure	Heparin/Coumadin	Muscle relaxants	Steroids	

   Other_____

10. **Occupation:** _____ ; **or** None Student Retired
11. **What are your primary job or home tasks?**

Computer work	Lifting, carrying	Prolonged sitting	Pushing, pulling
Driving	Operating a machine, assembly	Prolonged standing	Repetitive tasks

    Other_____

*Patient Signature:*_____ *Date:*_____ *Time:*_____

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Insurance	Action
HP	Pre-Auth needed for > 20 visits/year
Humana	Watch appointment notes for authorization
Medicare (primary, 2^0, 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, 2^0, 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