

Date: _____ Service: PT OT SLP

SURGERIES and/or MEDICAL PROBLEMS (Approx. date)

MEDICATIONS (prescription and over-the-counter)

ALLERGIES (drugs, anesthesia, food, blood, soap, dyes, environment)

LATEX SENSITIVITY

Have you experienced the following allergic symptoms (abdominal cramps, itching or peeling skin, throat congestion, runny nose, red swollen eyes, swollen lips, difficulty breathing) after:

- Handling rubber products such as elastic bandages, baby bottle nipples, erasers, rubber gloves, bulb eyedroppers, pacifiers, rubber grips on rackets or bicycles, rubber hoses, rubber bands, rubber toys, shoes..... **YES** **NO**
- Blowing up balloons..... **YES** **NO**
- Eating bananas, avocados, tropical fruits (kiwi, papaya) **YES** **NO**

NUTRITIONAL SCREEN

Changes in body weight: **YES** **NO**

Gain / Loss Amount: _____ in (time) _____

Recent Appetite **GOOD** **FAIR** **POOR**

Diet Restrictions **YES** **NO**

If yes, explain: _____

SOCIAL

Has someone ever abused you either physically, emotionally, sexually, or financially? **YES** **NO**

When: _____

For assistance for this problem, you may call Case Management at Beaver (724) 773-4800
Case Management at Sewickley (412) 749-7730

Check this box if you would like assistance in contacting Case Management

Reviewed by Therapist: _____ Date: _____

Instructed to speak with MD regarding: Latex issues Nutrition issues Other: _____

PATIENT NAME

28829 (Rev. 3/09)



HEALTH/MEDICAL HISTORY FORM