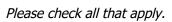
Patient Summary List



Starr	Doo	ional
Starr MEDICAL CI	ENTER	

Past Medical History	
☐ Hypertension (High Blood Pressure)	☐ RA/OA (Please Circle)
☐ Hypotension (Low Blood Pressure)	☐ Gout
☐ Myocardial Infarction (Heart Attack)	☐ Fibromyalgia
☐ CHF	☐ Osteoporosis/osteopenia
☐ Heart Disease	☐ DJD (Degenerative Joint Disease)
☐ Heart Arrhythmias	☐ DDD (Degenerative Disc Disease)
☐ CVA, TIA (Stroke)	Lupus
☐ Traumatic Brain Injury/Closed Head Injury	□ DVT
□ COPD	☐ Autism
☐ Asthma	☐ Prematurity
☐ Thyroid Dysfunction	☐ Seizure Disorders / Epilepsy
☐ Tuberculosis	☐ Spina Bifida
☐ Apnea	☐ Developmental Delay
☐ Diabetes	☐ ADD / ADHD (circle)
☐ Cancer: Specify Year	
□ Parkinson's	
_	☐ Cerebral Palsy
☐ Anxiety/Depression/Other	
Other:	
Surgical History	Abdeminal Courts
Pacemaker	☐ Abdominal: Specify
☐ Amputation	☐ Appendectomy (Appendix)
Cervical	☐ Carpal Tunnel
☐ Back/Spine	☐ Bowel Resection
CABG/Stents (Please Circle)	Cholecystectomy (Gallbladder)
☐ Hysterectomy	☐ Mastectomy
☐ Orthopedic: Specify	☐ Tonsillectomy
☐ Tubal Ligation	□ None
Other:	
List known drug allergies and the reactions: My goals for therapy include:	
I,, give my	consent for the Rehabilitation Department of
Starr Regional Medical Center to provide rehability been informed of my treatments and plan of care that it is my responsibility to inform the rehabilitate to keep them informed of any changes in my medical continuity of care. Failure to do so could result in an arrange of the start of the	tation services as ordered by my physician. I have and hereby give consent for treatment. I understand ion department of my complete medical history and cal condition and/or medication regimen to ensure n inappropriate treatment program.
I understand that cancellations and "no shows" be productive and to serve all their patients. I und progress in therapy. If I have two (2) "no shows discharged and my physician will be contacted required."	lerstand that cancellations also will hinder my s" without contacting the department, I will be
Patient Signature	 Date