



HEALTH QUESTIONNAIRE – PART II

Name		Date	SS #
Age	Height	Weight	Dominant Hand <input type="checkbox"/> R <input type="checkbox"/> L
Do you have a Pacemaker? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer		Occupation	
Employer Address		Work Duty Status	
Medications		Allergies	
<p>Do you currently have any other medical conditions?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe?</p>			
<p>Have you had any other related surgeries?</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe?</p>			

Cancellation and No Show Policy

Our desire is to provide all our patients' appointment times that best fit their schedules. Due to the limited availability of appointment slots there will be a \$35 fee on all cancelled appointments when 24 hours notice is not given and all no-shows.

PRIVACY PRACTICES ACKNOWLEDGEMENT

By signing this form, I acknowledge that I have been shown the Dullmeyer Physical Therapy, LLC dba ProFormPT "Notices of Privacy Practices" and have been provided an opportunity to review it. I also acknowledge that if I desire a copy of this notice, one can be obtained at my request.

Name _____ Birth date _____

Signature _____ Date _____