

# MSA

## Orthopedics-Physical Therapy

please ✓ any answers that are “yes” and leave all “no” answers blank

### Constitutional

Fever  Yes  No  
Chills  Yes  No  
Night sweats  Yes  No  
Fatigue  Yes  No  
Weight loss  Yes  No  
Weight gain  Yes  No  
Loss of appetite  Yes  No

### Cardiology

Chest pain  Yes  No  
Palpitations  Yes  No  
Irregular Heart Beat  Yes  No  
Murmur  Yes  No  
Previous Heart Attack  Yes  No

### Respiratory

Shortness of breath  Yes  No  
Wheezing  Yes  No  
Cough  Yes  No  
Painful Breathing  Yes  No  
Coughing Blood  Yes  No

### Hematology/Lymph

Anemia  Yes  No  
Bleeding Tendencies  Yes  No  
Swollen glands  Yes  No

### Gastroenterology

Abdominal pain  Yes  No  
Vomiting  Yes  No  
Constipation  Yes  No  
Diarrhea  Yes  No  
Blood in stool  Yes  No

### Neurology

Seizures  Yes  No  
Loss of Balance  Yes  No  
Paralysis  Yes  No  
Weakness  Yes  No  
Memory loss  Yes  No  
Tremor  Yes  No

### Psychology

Depression  Yes  No  
Sleep disturbances  Yes  No  
Panic attacks  Yes  No

### Musculoskeletal

Joint stiffness  Yes  No  
Joint pain  Yes  No  
Joint swelling  Yes  No  
Muscle wasting  Yes  No  
Spine pain radiating to extremities  Yes  No

### **Social History**

Alcohol  Yes  No  
Smoking  Yes  No

### **Past Medical History**

Asthma  Yes  No  
Diabetes, type II  Yes  No  
Seizures  Yes  No  
Sleep apnea  Yes  No  
Hypertension  Yes  No  
Stroke  Yes  No  
Anemia  Yes  No  
Emphysema  Yes  No  
Ulcers  Yes  No  
Heart attack  Yes  No  
Neck Surgery  Yes  No  
Back Surgery  Yes  No  
Hip Replacement  Yes  No

### **Family History**

#### Father

Stroke  Cancer  Hypertension  
 Diabetes  Lupus  Rheumatoid Arthritis

#### Mother

Stroke  Cancer  Hypertension  
 Diabetes  Lupus  Rheumatoid Arthritis