MedStar Good Samaritan Hospital

The Good Samaritan
Hospital of Maryland, Inc.
5601 Loch Raven Boulevard
Baltimore, MD 21239-2995

PLACE PATIENT ID STICKER HERE

OUTPATIENT HEALTH HISTORY (Confidential)

Age _____ ☐ **Male** ☐ **Female** **Home Phone #** _____ **Cell Phone #:** _____ **Work Phone #:** _____

Emergency Contact: _____ **Relationship:** _____ **Phone #:** _____

Reason for Referral: _____

Person Completing form: _____ ☐ **Patient** ☐ **Other** _____ **Date:** _____

MEDICAL HISTORY (PLEASE CHECK ALL MEDICAL DIAGNOSES AND CONDITIONS THAT APPLY)

- ☐ Amputation
- ☐ Anemia
- ☐ Arthritis
- ☐ Asthma
- ☐ Bleeding Disorders
- ☐ Breathing Problems
- ☐ Cancer
- ☐ Cardiac Issues
- ☐ Chest Pain
- ☐ Chemical Dependency
- ☐ Communicable Disease
  - ☐ MRSA ☐ VRE ☐ Acinetobacter
  - ☐ E Coli ☐ Klebsiella
  - ☐ Pseudomonas ☐ Lice
  - ☐ Herpes Zoster (shingles) ☐ Scabies
- ☐ Depression
- ☐ Diabetes
- ☐ Dizziness
- ☐ Emphysema
- ☐ Epilepsy
- ☐ Gout
- ☐ Headaches
- ☐ High Blood Pressure
- ☐ Insomnia
- ☐ Irregular or Rapid Heart Beat
- ☐ Joint Replacement / Metal Implant
- ☐ Kidney Problems
- ☐ Osteoporosis
- ☐ Motor Vehicle Injury
- ☐ Pacemaker
- ☐ Current Pregnancy
- ☐ Spinal Cord Injury
- ☐ Stroke
- ☐ Swallowing Problems
- ☐ Thyroid Problem
- ☐ Tuberculosis
- ☐ Ulcers
- ☐ Work Injury
- ☐ Other:_____

PAIN: Do you currently have pain or have you had pain in the recent past? ☐ YES ☐ NO *If Yes, complete Pain Questionnaire*
Do you have any history of domestic abuse? ☐ Yes ☐ No ☐ Refused

NUTRITION: Are you concerned about your Nutrition? ☐ Yes ☐ No
Have you had an unexplained weight gain? ☐ Yes ☐ No
Have you had an unexplained weight loss? ☐ Yes ☐ No
Specify loss or gain:_____lbs
If yes, ☐ Physician aware ☐ Physician called
Date:_____

FALLS: Are you concerned about falling? ☐ Yes ☐ No
Have you fallen in the last year? ☐ Yes ☐ No If yes, ☐ Physician aware ☐ Physician called Date:_____
If yes, how many times have you fallen in the last year? _____
Has any fall resulted in injury? ☐ Yes ☐ No Specify:

SURGERIES / HOSPITAL PROCEDURES

_____

_____

ALLERGIES / DRUG INTERACTIONS

Many rehab clinic products contain Latex. *Do you have any allergy to Latex?* ☐ Yes ☐ No

_____

CURRENT MEDICATIONS (INCLUDE OVER-THE-COUNTER MEDICATIONS AND HERBAL PREPARATIONS) ☐ See attached list.

The above information has been reviewed and discussed with the patient. This information will be incorporated into the treatment goals and plan of care established in collaboration with patient.