



2354 Richmiller Lane, Belpre, OH 45714 | Phone: 740-421-4211 | 2311 Ohio Ave. Ste. B, Parkersburg, WV 26101 | Phone: 304-699-2373
Toll Free: 800-380-5426 | Fax: 888-972-5171 | Email: info@millerpo.com | millerpo.com

Medical History

Name _____ Date _____

Height _____ Weight _____ Recent change? Y N How much? _____

Why are you here today? _____

Diagnosis _____ Affected side L R Both

General Health: Poor Fair Good Excellent

There are limitations with some insurance coverage as to the frequency of providing certain services. Have you had the same or similar service prior to this? If so, what did you get, when did you get it and where? The details you provide us, will allow us to more accurately determine coverage and enable us to serve you better.

Have you had or do you have any of the following (please circle)

- | | | | |
|------------------|------------------------|---|-------------------------|
| heart problems | hepatitis a or b | vision problems | pacemaker/defibrillator |
| hypertension | hepatitis c | Parkinson disease | seizure disorders |
| vascular disease | HIV positive | Alzheimer disease | hearing loss |
| stroke | rheumatoid arthritis | psychiatric problems | currently pregnant |
| diabetes | obesity | alcoholism | MRSA |
| kidney disease | osteoarthritis | known allergies (including contact materials) | |
| osteoporosis | pulmonary disease (TB) | | |

Allergies _____

List any other conditions you feel might affect your treatment including dates and descriptions of surgeries _____

Is your condition a result of accident from: Employment Auto Accident Other Accident

Date of Accident: _____

State Accident Occurred: _____

Type of Accident: _____