



## Health History *(Continued)*

### PHYSICAL NEEDS/EXCEPTIONALITIES:

Any difficulties with:

\_\_\_\_\_ club feet      \_\_\_\_\_ bronchitis      \_\_\_\_\_ asthma  
\_\_\_\_\_ colostomy      \_\_\_\_\_ arthritis      \_\_\_\_\_ diabetes  
\_\_\_\_\_ cerebral palsy      \_\_\_\_\_ epilepsy      \_\_\_\_\_ prosthesis  
\_\_\_\_\_ other \_\_\_\_\_

Allergies:

\_\_\_\_\_ dust      \_\_\_\_\_ plants      \_\_\_\_\_ animals  
\_\_\_\_\_ cleaners      \_\_\_\_\_ other \_\_\_\_\_

Sensitivity to cold \_\_\_\_\_ or heat \_\_\_\_\_

Total exposure \_\_\_\_\_

Medications:

\_\_\_\_\_  
\_\_\_\_\_

Side effects of medications:

\_\_\_\_\_  
\_\_\_\_\_

Limitations due to medication:

\_\_\_\_\_  
\_\_\_\_\_

Interviewed by: \_\_\_\_\_

Date: \_\_\_\_\_