



COMMUNITY REHAB CARE – ABI/MFP WAIVER MEDICAL INTAKE FORM

Name of Client: _____

DIAGNOSIS (Select the primary):

- Traumatic Brain Injury Stroke Anoxic Tumor Neurodegenerative (i.e. Parkinson's, MS) Orthopedic Spinal Cord Injury Other: _____

Please attach any available medical records and/or summary of client's medical history.

HEALTH HISTORY (Check all that apply, describe if applicable):

- Allergies (if yes, please specify _____)
- Psychiatric (mark any that apply):
- Depression Anxiety Bipolar Disorder Schizophrenia
 - Other: _____
- Arthritis
- Diabetes (if yes, type 1 or 2: _____)
- Cardiac problems (mark those that apply):
- Heart attack Coronary artery disease Pacemaker Heart murmur
 - Atrial fibrillation
- Asthma
- COPD
- Cancer (if yes, type/status _____)
- Thyroid/endocrine problems
- Blood clots/DVT
- Pressure sores or wounds
- High blood pressure
- Osteoporosis
- Substance misuse disorder
- Headaches/migraine
- Dizziness/vestibular issues
- Incontinence



- Sleep disorder
- Other (please describe: _____)

CURRENT MEDICATIONS (List below or attach a list):

ADDITIONAL QUESTIONS:

1. Has the client experienced falls? Yes No
 - Please describe fall protocol: _____
2. Does the client have a history of seizures? Yes No
 - Please describe seizure protocol: _____
3. Does the client have swallowing precautions/restrictions? Yes No
 - If yes, type of diet: _____
4. Does the client have any orthopedic precautions/restrictions? Yes No
 - Check any that apply below; please describe if possible.
 - Contractures _____
 - Hardware/joint replacement _____
 - Weight bearing restriction _____
 - Other _____
5. Does the client use any assistive devices? Yes No
 - Check all that apply:
 - Power wheelchair Manual wheelchair Walker
 - Quad cane Straight cane Prosthetic Orthotic/brace
6. Does the client require any lines/tubes? Yes No
 - Check all that apply:
 - G-tube Catheter with leg bag
 - IV access portals/PICC line Dialysis port

ANY OTHER HEALTH OR SAFETY CONCERNS THAT WE SHOULD BE AWARE OF:
