**Main Address**
**9420 Key West Avenue**
**Suite 140**
**Rockville, MD 20850**
**301-545-1677**

ProActive Hand & Physical Therapy LLC

| MEDICAL QUESTIONNAIRE | | | |
|---|---|---|---|
| Number of falls within the last year? | | ❒ 0 ❒ 1 ❒ 2+ | |
| Did your fall(s) result in injury? | | ❒ Yes ❒ No | |
| Have you had any special tests done? (Choose any) | | ❒ X-Ray ❒ Bone Scan ❒ CT Scan ❒ MRI | |
| Are you pregnant? | ❒ Yes ❒ No | **If yes**, how many weeks? | |
| Are you suffering from abuse (ex: physical, emotional, psychological), neglect, abandonment, material exploitation, or unwarranted control? | | ❒ Yes ❒ No | |
| How many times in the last year have you had 5 (for men) or 4 (for women and all adults over 65 years old) drinks in a day? | | | |
| Have you utilized tobacco in the last 6 months? | | ❒ Yes ❒ No | |
| **Over the past 2 weeks, how often have you been bothered by any of the following problems?** | | | |
| Little interest or pleasure in doing things: | | ❒ Not at all<br>❒ Several Days<br>❒ More than half of days<br>❒ Nearly every day | |
| Feeling down, depressed, or hopeless: | | ❒ Not at all<br>❒ Several Days<br>❒ More than half of days<br>❒ Nearly every day | |