Patient Intake Form

Name:_____ **Date of Birth:**_____

Referring Doctor: _____ **Primary Doctor:**_____

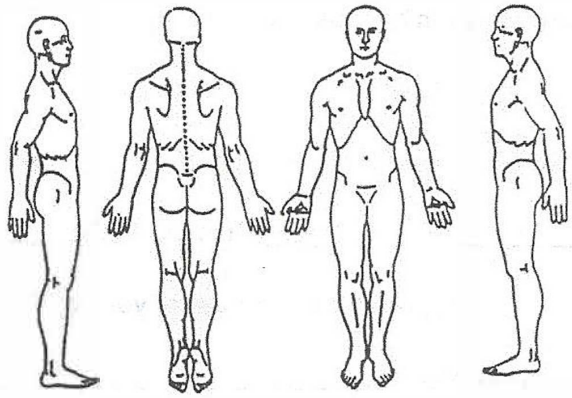
What is your primary reason for physical therapy? _____

_____

_____

How long has your problem been bothering you? _____

Please mark areas of concern on the diagram below:



Medical History (Please check all that apply)

- ☐ Heart Disease
- ☐ Heart Attack
- ☐ Pacemaker
- ☐ Stroke
- ☐ High Blood Pressure
- ☐ Diabetes
- ☐ History Of Cancer
- ☐ Neurologic Disorder
- ☐ Parkinson's
- ☐ Alzheimer's
- ☐ Spinal Cord Injury
- ☐ Brain Injury
- ☐ Systemic Infection
- ☐ Autoimmune disease
- ☐ Chronic Pain Disorder
- ☐ Fracture
- ☐ Muscular Dystrophy
- ☐ Osteoporosis
- ☐ Osteoarthritis
- ☐ Rheumatoid Arthritis
- ☐ Pregnancy (current or recent)
- ☐ Tobacco use
- ☐ Substance abuse
- ☐ Other (enter description below)

If yes to any of the above, please specify: _____

_____

_____

Please List your Medications:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you recently or are you currently experiencing any of the following symptoms?

- ☐ Trouble with sleeping
- ☐ Bowel or bladder changes
- ☐ Dizziness or vertigo
- ☐ Sensation changes (numbness, tingling, etc)
- ☐ Recent change in your weight or appetite
- ☐ Temperature Sensitivity
- ☐ Bruising or bleeding disorders
- ☐ Skin changes, rashes, or discoloration
- ☐ Visual changes
- ☐ Nausea/vomiting
- ☐ Shortness of breath or decrease in stamina?
- ☐ Do you use any assistive devices

Please Specify: _____

Are there any other concerns we need to be aware of during your care? _____

_____

How would you rate your general health? (Circle one)

Poor Fair Good Very Good Exceptional

Overall activity level: (circle one) Sedentary Light Moderate Heavy

Primary Exercise or Sport: _____ **Time per Week:** _____

Are you currently working?_____ **If so, what is the nature of your work?** _____

What are your goals for physical therapy? _____

_____

Who can we thank for this referral? _____

Thank you for your patience and valuable time!