Client In-Take Information

*All information provided will remain confidential

PERSONAL INFORMATION

Client Name_____ Gender: M / F

Address _____ DOB_____

Phone Number: _____ Email: _____

Occupation _____ Referred By (Primary Physician if no referral) _____

VISIT INFORMATION

Reason for Visit_____

Condition is: Getting Worse □ Getting Better □ Constant □ Comes & Goes □

Medical Diagnosis (if provided)_____

When did this start?_____

What do you think caused this?_____

What makes it better?_____

What makes it worse?_____

Have you seen a healthcare provider for this issue?_____

What is your goal for physical therapy? _____

PAIN

Please circle the appropriate pain level: 0 = no pain, 10 = worst pain possible:

Right Now	0	1	2	3	4	5	6	7	8	9	10
At Best	0	1	2	3	4	5	6	7	8	9	10
At Worst	0	1	2	3	4	5	6	7	8	9	10

MUSCULOSKELETAL HISTORY

Injuries: List any injuries (i.e. sprains, tears, broken bones, etc.) & treatment provided (including surgeries)

Injury	Treatment	Date

MEDICAL HISTORY

Have you or a member of your family ever been diagnosed with any of the following conditions?

	Self		Family	
Cancer	Yes	No	Yes	No
Depression	Yes	No	Yes	No
Heart Disease	Yes	No	Yes	No
Lung Disease	Yes	No	Yes	No
High Blood Pressure	Yes	No	Yes	No
Diabetes	Yes	No	Yes	No
Bowel Disease	Yes	No	Yes	No
Osteoporosis	Yes	No	Yes	No
Arthritis	Yes	No	Yes	No
Neurological Disease	Yes	No	Yes	No
Allergies	Yes	No	Yes	No

Other_____

Medication: List all medications & supplements (use another page if necessary)

Medication / Supplement	Prescribed / Taken for	When do you take it?

Mental Health: Have you ever had any mental health diagnoses? If yes, describe_____

_____

All information contained herein is confidential unless otherwise authorized by the client.

By signing below I acknowledge that I have stated all medical conditions that I am aware of and will give an update of any changes in my health status as soon as I am made aware of the condition. I understand that these services are in no way to take the place of a doctor's care. I understand that any acts of indiscretion will be cause for immediate termination of services.

_____ _____

Client Signature Date
(Parent/Guardian if applicable)

_____