



PERSONAL INTAKE FORM

Name: _____ Date of First Visit: _____
 Gender: _____ DOB: _____ Height: _____ Weight: _____
 Date of Onset of Problem: _____ Is this Auto/Work/Sports related? _____
 Do you participate in any sports/recreation activities? _____
 What are your personal goals you want to achieve in PT? _____

Do you have any implants in your body? Y N
 Have you currently or recently received home care services? Y N
 Have you had any surgical procedures? Y N
 Have you recently been hospitalized? Y N

* If so, please provide the date and reason below:

Date	Reason for Hospitalization

Please list any previous treatments for your current condition: _____

Did any of the above treatments help? Y N

Please list any diagnostic testing for your current condition? _____

Do you have allergies? (Bee Sting, Latex, Medications, Skin Sensitivity, Etc.) Y N

Do you smoke? Y N

Do you consume alcoholic beverages? Y N

If you are female, is there a possibility that you are pregnant? Y N

Please list any medications that you are taking? _____

Please check if you have a history of any of the following:

- | | | |
|--|--|--|
| <input type="checkbox"/> Stomach Disorders | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Asthama | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Psychiatric | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bleeding disorder |
| <input type="checkbox"/> Blood clot | <input type="checkbox"/> Cancer | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Bowel/Bladder | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Thyroid |

Have you ever been verbally, emotionally, sexually or physically harmed or financially exploited by your partner of someone else? Y N

Do you feel afraid or unsafe with your partner or anyone else? Y N

*This information will remain confidential within your chart. Please complete it as thoroughly as possible. Your therapist will address any further questions or concerns.