

Post-Surgical Physical Therapy Intake Sheet

Patient Name

Date

Date of Birth

Phone Number

Address

Email

Surgical Information

Date of Surgery

Surgical Procedure

Surgeon's Name

Hospital/Facility

Post-Surgical Precautions/Restrictions

Medical Information

Diagnosis

Current Symptoms

Current Medications

Relevant Medical History

Goals & Expectations

What are your goals for physical therapy?

Expectations from Treatment

Additional Information

Mobility Aids Used

Allergies

Other Information