

# Physical Therapy Patient Intake Form

## Personal Information

First Name

Last Name

Date of Birth

Gender

Address

Phone Number

Email Address

Emergency Contact Name

Emergency Contact Phone

## Insurance Information

Insurance Provider

Policy Number

## Referring Physician

Physician Name

Physician Phone

## Injury / Condition Information

Reason for Visit / Injury Description

Date of Injury/Onset

Body Part Affected

Prior Treatments/Surgeries

## Medical History

Relevant Medical Conditions

Current Medications

Allergies

## Additional Notes