

# Manual Therapy Physical Therapy Intake Form

## Personal Information

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Full Name

Date of Birth

Address

City

State

Zip Code

Phone

Email

## Emergency Contact

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Name

Relationship

Phone

## Health Information

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How did you hear about us?

What is your primary reason for seeking therapy?

When did your symptoms start?

Have you had previous treatment for this condition?

☐ Yes ☐ No

If yes, please specify

Allergies

Current Medications

Relevant Medical Conditions (e.g., heart, diabetes)

Pain Diagram (describe or draw location of pain)

## Lifestyle

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Occupation

Physical Activity Level

Is there anything else you would like your therapist to know?