

Physical Therapy Patient Intake Form

Personal Information

First Name

Last Name

Date of Birth

Phone

Email

Address

Emergency Contact

Name

Relationship

Phone

Insurance Information

Insurance Provider

Policy Number

Referral

Referring Physician

Medical History

Reason for Visit / Chief Complaint

How did the symptoms/injury begin?

Have you had physical therapy before?

If yes, where?

Current Medications

Allergies

Relevant Past Surgeries or Hospitalizations

Other Chronic Conditions