

Sports Injury Physical Therapy Intake Form

Personal Information

Full Name

Date of Birth

Address

Phone Number

Email

Emergency Contact

Emergency Contact Name

Emergency Contact Phone

Insurance Information

Insurance Provider

Policy Number

Referral

Referred By

Injury & Medical Information

Date of Injury

Type of Sport/Injury

Briefly Describe the Injury

How did the injury occur?

Symptoms Experienced

Current Pain Level

Previous Treatments for This Injury

Relevant Medical History

Goals

Goals for Physical Therapy