

# Physical Therapy Intake Form

## Personal Information

Full Name

Date of Birth

Phone Number

Email Address

Home Address

Emergency Contact Name & Number

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## Medical History

Please list current medical conditions

Surgeries or hospitalizations (dates)

Current medications

Allergies

Referring physician (if any)

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## Reason for Visit

Primary complaint or injury

**Date of onset/injury**

**What activities aggravate your symptoms?**

**What relieves your symptoms?**

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## **Functional Limitations**

**Describe any difficulty with daily activities (e.g., walking, standing, lifting)**

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## **Insurance Information**

**Insurance Provider**

**Policy Number**

**Group Number**