ADVANCED PHYSICAL THERAPY

Physical Therapy Intake Form

Patient Name: _____ DOB: _____

Who referred you? _____

History

Exercise Frequency: _____ Exercise Type(s): _____

Do you smoke? _____ Have you ever smoked? _____ How Often? _____

Are you pregnant? _____ Do you have a Pacemaker? Yes / No

Allergies: _____

What medication are you currently using? _____

Previous complaints/surgeries: _____

Previous diagnoses/mediation: _____

Complaint

What is your major complaint? _____

Start Date: _____ Possible cause: _____

Symptoms: _____

Previous doctors seen for complaint: _____

Previous treatment for complaint: _____

Symptoms Aggravating Factors: _____

Symptoms Relieving Factors: _____

Time of Day Symptoms are Best: _____ Time They Are Worst: _____

Current Duration of Pain: ☐ Intermittent ☐ Constant ☐ With Certain Motions

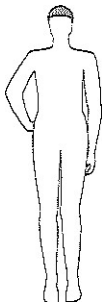
Current Level of Pain: ☐ Mild ☐ Moderate ☐ Severe ☐ Excruciating

Is your pain getting better or worse? _____ Have you had this injury before? _____

Do You Have Any of the Following Today? (Check All That Apply)

☐ AIDS/HIV	☐ Anemia	☐ Angina	☐ Arteriosclerosis
☐ Arthritis	☐ Asthma	☐ Blood Clots	☐ Bone infection
☐ Cancer	☐ Chemical Dependency	☐ Circulation Problems	☐ Depression
☐ Diabetes	☐ Epilepsy	☐ Eye Infection	☐ Heart Problems
☐ Hemophilia	☐ High/Low Blood Pressure	☐ Joint/Bone Infection	☐ Liver Problems
☐ Lung Issues	☐ Multiple Sclerosis	☐ Musculoskeletal Problems	☐ Pneumonia
☐ Stroke	☐ STD	☐ Tuberculosis	☐ Urinary Infection

Mark Area of Discomfort



Patient Signature: _____ Date: _____

ADVANCED PHYSICAL THERAPY

Physical Therapy Informed Consent

Patient Name: _____ **DOB:** _____

Physical therapy involves the use of many different types of physical evaluation and treatment. At Advanced Pain Care Physical Therapy, we use a variety of procedures and modalities to help us to try and improve your function. As with all forms of medical treatment, there are benefits and risks involved with physical therapy.

You have the right to ask your physical therapist what type of treatment he or she is planning based on your history, diagnosis, symptoms and testing results. You may also discuss with your therapist what the potential risks and benefits of a specific treatment might be. You have the right to decline any portion of your treatment at any time or during your treatment session.

At Advanced Pain Care Physical Therapy we treat multiple patients during set times. Due to patient privacy family members or care takers will not be allowed in the Physical Therapy room. There is a waiting area located outside the room.

ARTIFICIAL INTELLIGENCE (AI) DOCUMENTATION NOTICE: Our practice uses artificial intelligence (AI) technology within our electronic health record (EHR) system to assist with administrative and clinical documentation, including the dictation and transcription of office visits.

_____ _____

Patient Signature Date