

Boulet Physical Therapy & Wellness Institute

Relieving your pain • Restoring your movement

Patient Intake Form

Name: _____ Date: _____

1) What problems brought you to physical therapy? _____

2) What were you able to do before that you can't do now? _____

3) What do you hope to gain as a result of physical therapy? _____

4) What types of treatment have you had for these problems?

_____ doctor

_____ x-rays

_____ medication

_____ heat/ice at home

_____ chiropractic

_____ physical therapy

5) Please list all medicines you are currently taking? _____

6) Are you allergic to anything? Please list. _____

7) Please list all the doctors that regularly treat you? _____

8) Do you have any new complaints? What are they? _____

9) Have you had or do you have any of the following?

_____ dizziness

_____ arm pain

_____ nausea

_____ leg pain

_____ headaches

_____ heart condition

_____ ringing in the ears

_____ high blood pressure

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