Laurel Health
Physiotherapy & Wellness

1347 20 Street NW, Edmonton – T6T2R7
Phone: +1 5877090085, info@laurelphysio.com

Physical Therapy Intake Form

Personal Information

Name:_____ Date:_____
Address:_____
Phone:_____ Email:_____
DOB:_____ Sex:_____
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? _____
Allergies:_____
What medications are you currently using? _____
Previous complaints/surgeries: _____
Previous diagnoses/medications:

Complaint

What is your major complaint? _____
Start Date:_____ Possible Cause: _____
Symptoms:_____
Previous doctors seen for complaint:_____
Previous treatment for complaint:_____
Symptom-Aggravating Factors:_____
Symptom-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?

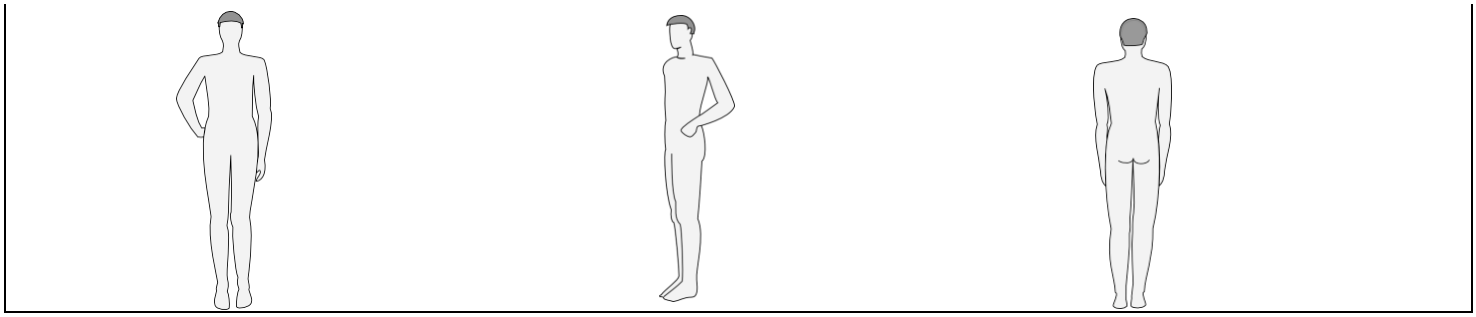
Do You Have Any of the Following Today? (Check All That Apply)

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 Areas of Discomfort

Laurel Health
Physiotherapy & Wellness

1347 20 Street NW, Edmonton – T6T2R7
Phone: +1 5877090085, info@laurelphysio.com



Signature _____ Date _____

(Laurel Health Physiotherapy & Wellness respects your privacy. We do not sell, rent, loan or transfer any personal informationregarding our clients to any third parties.)

www.laurelphysio.com