

**Physical Therapy Clinic
New Patient Scheduling Intake Form**

Date _____

1. Patient Name: (first and last) _____ Date of Birth: _____

Sex ___ M ___ F ___ Intersex

2. Telephone: _____ Email address: _____

3. Mailing address: _____ City _____ State ___ Zip _____

4: Reasons for seeking PT (specific body part, balance, weakness, etc. Include which side of the body):

4. Is your problem related to an injury sustained at work OR are you covered by workman's compensation for this condition? Yes ** / No

5. Are you involved in a lawsuit related to the problem or condition? Yes** / No

6. Who referred you to our clinic? Self ___ PT ___ Doctor ___ Other ___

**This patient may not be eligible for PT at our clinic. Please tell the patient you will call them back. Then check with Dawn.

After gathering all of this information, please schedule the patient for a 60-minute initial evaluation and ask them to arrive 20-25 minutes early to complete paperwork.

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