BODY FIX 180

Physical Therapy Intake Form

Name:_____ Sex: M ◯ F ◯ Age:_____

Occupation: _____

General Health: Excellent ◯ Good ◯ Fair ◯ Poor ◯

Exercise Level: None ◯ Some ◯ Moderate ◯ High ◯
Smoke: Y ◯ N ◯

Medical Conditions:_____
_____
_____

Past surgeries/injuries:_____
_____

Current Complaint/ Symptoms:_____
_____

How long have your current symptoms been present:_____

Current/Average Pain level: 0◯ 1◯ 2◯ 3◯ 4◯ 5◯ 6◯ 7◯ 8◯ 9◯ 10◯

Please mark below your pain location