



Physiotherapy Intake Form

At Refresh, we are dedicated to supporting your health and wellness. In order to help us give you the best possible care, please complete the following.

First Name: _____ **Last Name:** _____

Is this a result of an injury sustained in a Motor Vehicle Accident? Yes / No

Do you have any of the following medical conditions? (Please circle those that apply):

Heart Disease High Blood Pressure Poor Circulation Diabetes Arthritis

Please list any other medical conditions:

Please list any medications you are presently taking:

Please list any surgeries you have had within the last 3 years:

Do you have any allergies? Yes / No

If yes, please list:

Is there a possibility you may be pregnant? Yes / No

Are you nursing? Yes / No

Please circle the area(s) you would like assessed & treated:

Neck

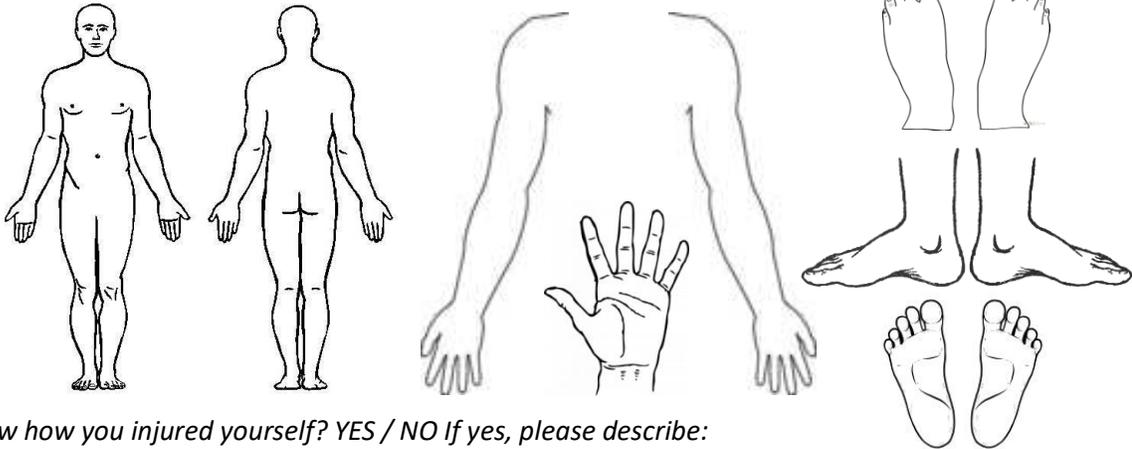
Shoulders

Back

Hips

Knees

Ankles



Do you know how you injured yourself? YES / NO If yes, please describe:

How long have you experienced this problem?

Signature: _____ **Date:** _____



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Dear Patient,

Physiotherapy involves various types of physical evaluations and treatments. As with all forms of medical treatment, there are benefits and risks involved. The physical response to treatment varies and cannot always be predicted as every individual is different. There is no guarantee that the treatment will help the condition you are seeking to heal. There is a risk that treatment will cause some discomfort or aggravation of the existing condition.

During your physiotherapy visit, it is often necessary to expose and touch the area in need of treatment. Every effort is made to preserve modesty and keep you comfortable. Please communicate to your therapist if you have any concerns during the treatment.

By signing this, I hereby consent to the rendering of a physiotherapy evaluation and treatments as deemed appropriate by the treating therapist. I have the right to decline treatment at any time. The therapist will explain your physiotherapy diagnosis and discuss the treatment recommendations with you. Physiotherapy, as with any type of medical care, is the most effective if you participate according to the treatment plan agreed upon with your therapist. If at any given time you have questions regarding treatment and services provided, please do not hesitate to talk to your therapist.

- I authorize the release of all necessary information to my primary care provider and/or physician.
- I authorize the release of information to _____ in regards to my care or status.
- I have read this form and agree to all consent regarding physical therapy evaluation and treatments.

Signature: _____ Date: _____
