

Name (First, MI, Last)

DOB

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Has any information changed since your last visit? (insurance, home address, surgeries, new medications, etc.)

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Please note statements are sent via email and come from our electronic records system, the subject line will indicate from “PhysioPoint Therapy and Wellness- Patient Statement”

I have read the above statement.

Referring Physician (If applicable)

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How can we help you?

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Where is your pain located?

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Date of Injury/Onset of problem (if known):

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Describe how and where injury occurred:

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On a scale of 0-10 (0 being no pain and 10 being the worst possible pain), what is your pain level?

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Does the pain radiate? If so describe

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Quality of Symptoms:

- Aching Burning Dull Sharp Numb
Tingling Throbbing Constant Intermittent

What makes symptoms worse?

- Bending Stress Walking Lifting Squatting Standing
Standing from Sitting Sitting Twisting Up Stairs Down Stairs
Pushing Exercise Lying in Bed Coughing Sneezing
Working Other

What makes symptoms better?

- Rest Sitting Medication Standing Activity Stretching
Exercise Heat Elevation Ice Other

Other descriptions of how you feel:

Do you have any new conditions since your last visit with us?

Results of new imaging since your last visit:

Are you interested in any of our Wellness Programs?

- PNOE (Metabolic Testing) Sports Performance

I understand that if I have one of these insurances that they require a script/referral in order to be seen: Medicare, Medicaid, Workers Compensation

- I have read the above statement.

Has your insurance changed since we've last seen you? If so list below

AUTHORIZATION FOR THERAPY SERVICES: I understand that I will be informed of the procedure and/or treatments considered necessary for the client whose name appears above and that the treatment and procedures will be performed by a licensed physical therapist and/or associate. I hereby authorize such treatment and procedures.

- I understand and agree to the above statement.

By signing this form below I agree that all of the above statements are true and accurate.

Name (Relationship to client)

Date