

ACHIEVE PHYSICAL THERAPY & PERFORMANCE ENHANCEMENT, P.L.L.C.

Client Intake Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Emergency Contact and Phone Number: \_\_\_\_\_

Do you have now, or have you ever had, any of the following:

Diabetes	Yes___No___	Allergy to cold	Yes___No___
High Blood Pressure	Yes___No___	Other Allergies	Yes___No___
Pacemaker	Yes___No___	Previous Surgery	Yes___No___
Chronic Headaches	Yes___No___	Seizures	Yes___No___
Kidney Problems	Yes___No___	Metal Implants	Yes___No___
Nervous Disorders	Yes___No___	Dizziness	Yes___No___
Hernia	Yes___No___	Cancer	Yes___No___
Allergy to Heat	Yes___No___	Pregnant	Yes___No___
Bone Disease	Yes___No___	Osteoporosis	Yes___No___
Fractures	Yes___No___	Bowel Problems	Yes___No___
Bladder Problems	Yes___No___	Recent Weight Loss	Yes___No___
Pins & Needles	Yes___No___	Circulatory Disease	Yes___No___

If you answered Yes to any of the above, please explain and give appropriate detail:

\_\_\_\_\_  
\_\_\_\_\_

Are you presently taking any medications? Yes\_\_\_No\_\_\_

If Yes, please list medications and for what condition: \_\_\_\_\_

\_\_\_\_\_

Do you have any relevant orthopedic injuries? If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Is there anything else you think I should know about your general health?

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, understand the inherent risks and dangers associated with physical exercise and some treatments of physical therapy. I will not hold Achieve Physical Therapy & Performance Enhancement, P.L.L.C. liable for any injuries incurred during unsupervised exercise or if using improper exercise techniques. I understand that participation in services rendered by Achieve Physical Therapy & Performance Enhancement, P.L.L.C. is strictly voluntary, and I have the right to refuse services at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_