ACTIVE PLUS PHYSICAL THERAPY

New Patient Intake Form

Please complete before your first visit and bring it with you.

Welcome to Active Plus Physical Therapy. This form helps us get to know you and prepare for your evaluation. Please print clearly or fill it in on your device.

PATIENT INFORMATION

LEGAL FIRST NAME

LEGAL LAST NAME

PREFERRED NAME

DATE OF BIRTH

SEX / GENDER

PREFERRED LANGUAGE

STREET ADDRESS

CITY, STATE, ZIP

MOBILE PHONE

OTHER PHONE

EMAIL ADDRESS

PREFERRED CLINIC (DETROIT / OAK PARK)

PREFERRED CONTACT METHOD

☐ Phone call ☐ Text message ☐ Email

EMERGENCY CONTACT

NAME

RELATIONSHIP

PHONE

ALTERNATE PHONE

REFERRING & PRIMARY PHYSICIANS

REFERRING PHYSICIAN

PHYSICIAN PHONE

PRIMARY CARE PHYSICIAN

PCP PHONE

PRESCRIPTION

☐ Prescription attached ☐ No prescription (walk-in)

REASON FOR YOUR VISIT

WHAT BRINGS YOU IN TODAY?

WHEN DID IT START?

HOW DID IT START (INJURY, GRADUAL, SURGERY…)?

RELATED TO

- ☐ Work injury
- ☐ Auto accident
- ☐ Sports injury
- ☐ Fall
- ☐ Post-surgery
- ☐ Other / unknown

YOUR GOALS FOR THERAPY (WHAT WOULD YOU LIKE TO GET BACK TO?)

HOW DID YOU HEAR ABOUT US?

- ☐ Doctor
- ☐ Friend / family
- ☐ Google
- ☐ Zocdoc
- ☐ Insurance
- ☐ Other

PATIENT (OR GUARDIAN) SIGNATURE

DATE