



# PT by the Sea, Inc

Physical Therapy

1721 Allens Lane Ste.101 ~ Wilmington, NC 28403 ~ (910) 256-4442

## Intake Interview for Physical Therapy

Please answer the following questions to the best of your knowledge and ability.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employer: \_\_\_\_\_

Who may we contact in case of an emergency? \_\_\_\_\_ ph# \_\_\_\_\_

What is your diagnosis or reason you are seeking care? \_\_\_\_\_

What date were you injured or when did you become ill? \_\_\_\_\_ How were you injured? \_\_\_\_\_

Have you received previous care for this injury/illness? If so, was your outcome improved, worsened, or unchanged? \_\_\_\_\_

How has your injury or illness affected your level of function? (Are you able to do all the day to day activities that you performed prior to injury?) \_\_\_\_\_

How were you referred to this office? \_\_\_\_\_

If you have pain, is it constant (there all the time) or intermittent (comes and goes)?

Where is your pain located? \_\_\_\_\_

Please use the diagram below to indicate the location of your pain.

Please use the scale below to rate your level of pain:

0 1 2 3 4 5 6 7 8 9 10  
none mild moderate severe

Front

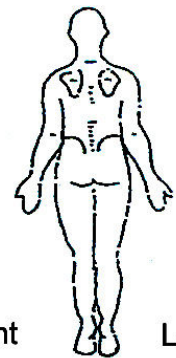
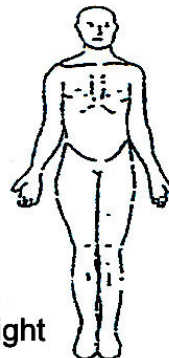
Back

Pain level now: \_\_\_\_\_

Pain level at best: \_\_\_\_\_

Pain level at worst: \_\_\_\_\_

Please use the diagram to the right to document the location of your pain.



Right

Left

Right

Left

What would you like to achieve by coming to therapy?:

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