

BritPT Intake Form

Date: _____ DOB: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (c) _____ (h) _____ Email : _____

Please add frontdesk@britpt.com to your contacts for appointment confirmations.

Who may I thank for your referral? _____

Present Problem:

- | | |
|---|--------|
| 1 | onset: |
| 2 | onset: |
| 3 | onset: |

How do these problems interfere with your life? **What** would you like to be able to *do better* or with *less pain*? What makes the problem **worse**?

What are your physical demands, workout, fitness goals, etc.?

Medications/Herbs/Supplements:

In order to serve you most effectively, I may request your permission to speak to other healthcare practioners involved in your care; I usually do this via telephone or occasionally e-mail.

Please note that BritPT Inc will produce bills as requested but do not file claims with ANY insurance companies including Medicare.

I have been provided with a copy of the HIPAA Practice Act to read.

The APTA require that each patient give permission for a physical therapist to treat before they do so. We perform a variety of manual therapy solutions including dry needling and prescription exercise for your specific complaint. May I have your formal permission to treat?

Signature _____ Date: _____