Susan Frikken, DPT, LMT

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Confidential Health Intake

TODAY'S DATE: **How did you hear about me?**

Name: **Nickname:**

Address: **Gender: F**

Phone number(s): **Date of Birth:**

Email (s):

Emergency contact name: **and contact numbers:**

Relationship to you:

Please list any regular/usual physical activities:

Occupation(s):

Please list your reason(s) for seeking therapy today. If you were referred, please list the referring provider. (Attach referral if applicable.)

What makes things better?

What makes things worse?

What are your goals for therapy?

What kind of health care providers do you currently see? List all. (*e.g.* Family Practice provider, OB/GYN, Osteopath, Chiropractor, Herbalist, Psychotherapist, Neurologist, Geriatrician, Pulmonologist, etc.)

Check tests done recently. ☐ ***Blood work*** ☐ ***Radiograph (x-ray film)*** ☐ ***MR***
☐ ***C/T scan*** ☐ ***Nerve Conduction Test***
Other

Have you had therapy before? Yes **What kinds and for what conditions?**

Medications, herbs, other supplements you are taking (attach list if preferred)

Please list any ALLERGIES/SENSITIVITIES

Could you be pregnant? Yes **# of months?**

Side of body you use most: **LEGS/FEET** **Left** **ARMS/HANDS** **Left**

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Health History

Please check the relevant box(es) if you currently or ever in the past experienced, have/had diagnosis of, or are/were treated for any of the following.

- ☐ accidents (car, fall, other)
- ☐ arthritis (osteo)
- ☐ arthritis (rheumatoid)
- ☐ back pain
- ☐ blood clots/aneurism
- ☐ bone/joint condition or infection
- ☐ breathing/lung issues (asthma, sleep apnea, any difficulty breathing, lung conditions)
- ☐ bruising/bleeding
- ☐ bursitis
- ☐ cancer/ malignancies
- ☐ chemotherapy/radiation
- ☐ chest pain/ tightness
- ☐ clinical depression, anxiety, other mental health issues
- ☐ cold hands/feet
- ☐ diabetes (type ___)
- ☐ digestive/GI problems
- ☐ falls/loss of balance
- ☐ foot problems
- ☐ headaches
- ☐ hand/wrist issues
- ☐ heart attack/disease circulatory/vascular issues
- ☐ Hepatitis (type___)
- ☐ HIV
- ☐ Other immune-suppressing disease/treatment
- ☐ hernia
- ☐ high/low blood pressure
- ☐ hip pain/issues
- ☐ hyperglycemia
- ☐ incontinence
- ☐ inflammatory condition
- ☐ kidney or liver issues/treatment/disease
- ☐ knee pain/ issues
- ☐ lymph node removal or lymphedema
- ☐ Multiple Sclerosis
- ☐ neuropathy
- ☐ pregnancy (#) childbirth (#)
- ☐ muscle spasm/issues
- ☐ sciatica
- ☐ scoliosis/other spine conditions
- ☐ seizures
- ☐ shoulder pain/issues
- ☐ skin condition/infection
- ☐ sleep disturbances/issues
- ☐ stroke
- ☐ surgery (list on next page)
- ☐ swelling/edema
- ☐ tendon/ligament problems
- ☐ tingling/numbness
- ☐ tuberculosis
- ☐ varicose veins
- ☐ other

Do you:

- ☐ ***Smoke?***
- ☐ ***Drink alcohol?***

Have you recently had/felt (check all that apply):

- ☐ Dizziness or Vertigo
- ☐ Fever
- ☐ Fatigue
- ☐ Numbness/strange sensations
- ☐ Nausea/Vomiting
- ☐ Confused/Poor Memory or Understanding
- ☐ Malaise (generally feeling "blah")
- ☐ Weight loss/gain
- ☐ Weakness

Do you use, wear or have you ever been prescribed any of the following? (check all that apply)

- ☐ orthotics
- ☐ prosthetic devices
- ☐ surgical hardware (pins, plates, other)
- ☐ walker, cane, wheelchair, other assistive device
- ☐ hearing aids/corrective lenses
- ☐ mesh/other for hernia repair
- ☐ pump (and reason)
- ☐ artificial joint
- ☐ pacemaker/stent/vascular device
- ☐ other implant

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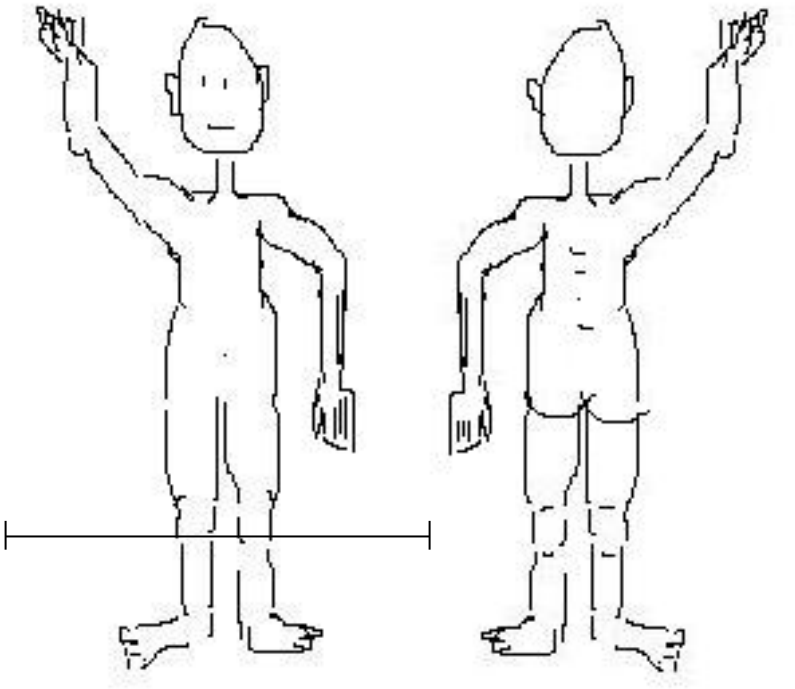
Please give details about any recent and past injuries, surgeries, trauma, other health issues, including those checked on previous page.

***It bothers me most in the areas listed below*.**
Mention if different areas are ever connected.



Check any words that describe your pain/symptoms.

☐ Numb ☐ Tingle ☐ Cold
☐ Hot/burning ☐ Pressure
☐ Sharp ☐ Shooting
☐ Ache ☐ Deep ☐ Surface
☐ Throb ☐ Wave-like
☐ Other

PAIN and SYMPTOMS RATING

0 (none) – 10 (worst you can imagine)

At WORST:

At BEST:

TODAY:

Do you feel you are safe? Yes

Is there anything else you would like to share or ask?

How do you:

Experience happiness?

Find groundedness & balance?

De-stress?

