



## Physical Therapy Intake Form

### Personal Information

Name: Andrea Sample Date: 10/22/2025  
Address: 123 Main Street  
Phone: 360-867-5309 Email: andrea.kroppa@landing.ai  
DOB: 7/31/70 Sex: F Who Referred You? PCP

### History

Exercise Frequency: ~5 times/wk Exercise Type(s): Tennis, Crossfit  
Do you have a Pacemaker? ☐ Yes ☒ No Allergies: \_\_\_\_\_  
What medications are you currently using? multivitamins only  
Complaints/Surgeries: \_\_\_\_\_

### PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Questions: (Circle Yes or No)

- Has your doctor ever said that you have a heart condition and that you should only perform physical activities recommended by a doctor? Yes ☐ No ☒
- Do you feel pain in your chest when you perform physical activities? Yes ☐ No ☒
- In the past month, have you had chest pain when you were not performing any activity? Yes ☐ No ☒
- Do you lose your balance because of dizziness or do you ever lose consciousness? Yes ☐ No ☒
- Do you have bone or joint problems that could be made worse by a change in your physical activities? Yes ☐ No ☒
- Is your doctor currently prescribing any medications for your blood pressure or for a heart condition? Yes ☐ No ☒
- Do you know of any other reason why you should not engage in physical activity? Yes ☐ No ☒

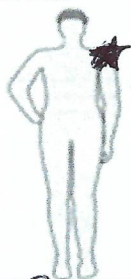
Do you have any of the following? (Circle All That Apply)

HIV/AIDS  
Arthritis  
Cancer  
Diabetes  
Hemophilia  
Lung Issues  
Stroke

Anemia  
Asthma  
Chemical Dependency  
Epilepsy  
High/Low Blood Pressure  
Multiple Sclerosis  
STD

Angina  
Blood Clots  
Circulation Problems  
Eye Infection  
Joint Infection  
Musculoskeletal Problems  
Tuberculosis

Arteriosclerosis  
Bone Infection  
Depression  
Heart Problems  
Liver Problems  
Pneumonia  
Urinary Infection



Andrea Sample  
Patient/Guardian/Responsible Party Signature

10/22/25  
Date