Sagewood Physical Therapy North, LLC
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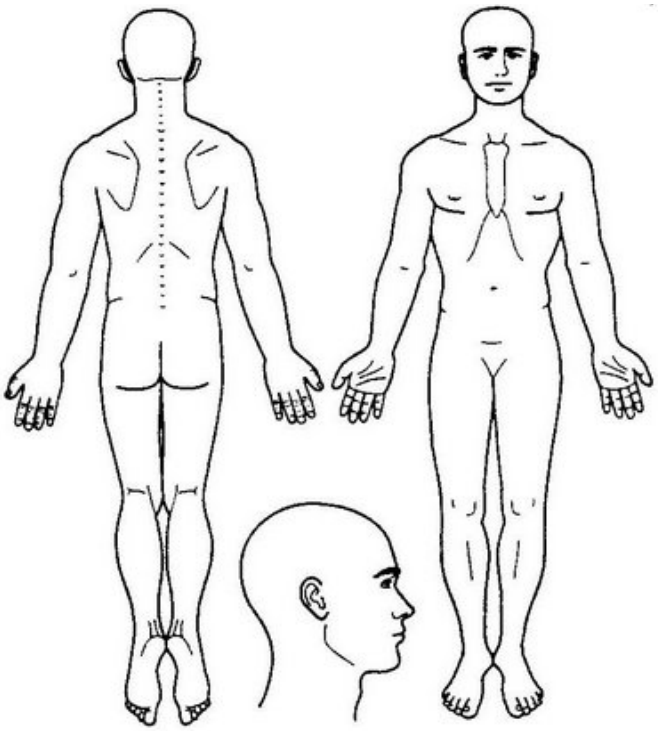
3180 Harlan Street, Wheat Ridge, CO 80214
Office: 720-635-9868 Fax: 303-235-2706

Physical Therapy Intake Document

Patient Name: _____ Date: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____ Work: _____
E-mail address: _____
Emergency Contact Name: _____ Relationship: _____ Phone: _____
Patient's Birthdate: _____ Social Security #: _____
Referring Doctor: _____ Phone: _____
Diagnosis: _____ Date of Onset: _____

Please use the diagram at right to indicate where you feel symptoms at this time.
Please circle the area of pain.

Please score the circled painful areas from 1 (minimal) to 10 (worst pain imaginable)



Insurance Carrier: _____
*We will verify your insurance benefits. However, it is the patient's responsibility to know their physical therapy benefits within their insurance coverage.
If injury is related to work, please provide the following:
Employer Name: _____ Employer Phone: _____
Employer Address: _____

MEDICAL HISTORY:

_____
_____
_____
_____

Please list any medications you are currently taking: _____
_____

How did you hear about us? _____