

Physical Therapy Patient Intake Questionnaire Online

Our **Physical therapy patient intake questionnaire online** streamlines the registration process by allowing patients to provide essential medical history and treatment information securely beforehand. This digital form enhances accuracy, saves time, and ensures therapists have comprehensive data to deliver personalized care. Accessible from any device, it improves patient convenience and clinic efficiency.

Personal Information

First Name:

Last Name:

Date of Birth:

Phone Number:

Email Address:

Medical History

Primary Condition for Therapy:

Have you had previous physical therapy?

Yes No

Current Medications:

Allergies:

Insurance Information

Insurance Provider:

Policy Number:

Submit