

Wellness Intake Form

Here for: Palmer Massage Stretch You Functional Fitness

Patient Information

Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

Occupation: _____ Email: _____

Emergency Contact: _____ Phone: _____

Primary care physician: _____

What are your goals for this session? _____

How did you hear about us? _____

Health Information

Please mark any of the following that you now have or have had:

- Tendonitis/Bursitis Arthritis Spinal Problems Osteoporosis/Osteopenia Metal Implants Diabetes
 Stroke/CVA Heart Condition Blood Clots High/Low Blood Pressure Lymphedema Pacemaker
 Skin Problems Breathing Difficulty/Asthma Kidney Ailment Seizures Migraines/Headaches
 Anxiety/Depression Recent Unexplained Weight Loss Cancer: Type: _____
 Other: _____

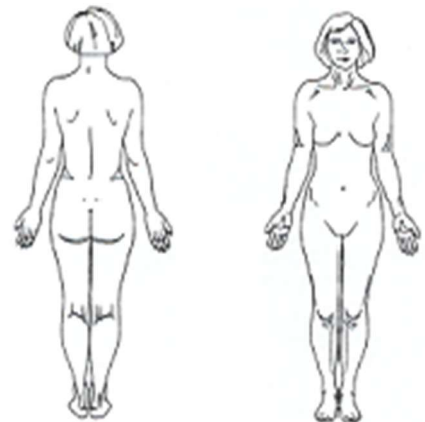
Are you pregnant: Yes No. If yes, stage: _____

Prior surgeries: _____

Recent injuries: _____

Current hobbies/exercise for fitness: _____

Circle any specific areas you would like to focus on:



I _____ (print name)
 consent to services performed by Palmer Physical Therapy for Women. I
 acknowledge that a copy of Palmer Physical Therapy for Women Privacy
 Practices was made available to me at the time of services. I know that I
 may ask for a copy of the Privacy Practices to take with me.

SIGNATURE

DATE

**PALMER PHYSICAL THERAPY for WOMEN
CANCELLATION POLICY**

At Palmer Physical Therapy for Women, we reserve an hour appointment for you. Each physical therapist works only with you during that hour. If you do not show for your appointment or call to cancel less than 24 hours before your appointment, other patients who wish to see us are unable to schedule during that time.

If you do not show for an appointment or do not give Palmer Physical Therapy for Women 24 hour notice of your cancellation, you will be charged \$50.00.

I have read and fully understand Palmer Physical Therapy for Women cancellation policy. I agree to pay the above noted amount for missed or cancelled (less than 24 hours) appointments.

NAME

DATE

PRINT NAME