Rehab | VA Pittsburgh
It's Our Turn to Serve

PATIENT INTAKE FORM FOR THERAPY

NAME: _____ **LAST 4:** __ __ __ __ **TODAY'S DATE:** _____

1) Why did you come to see us? _____

2) What is your main complaint? _____

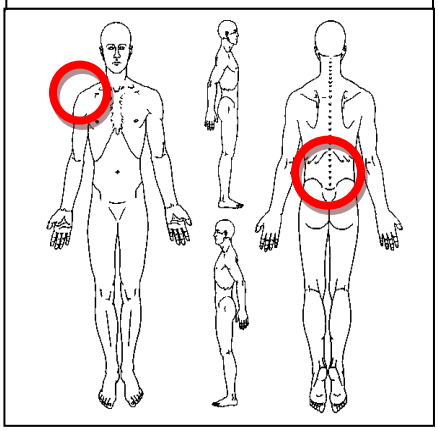
_____

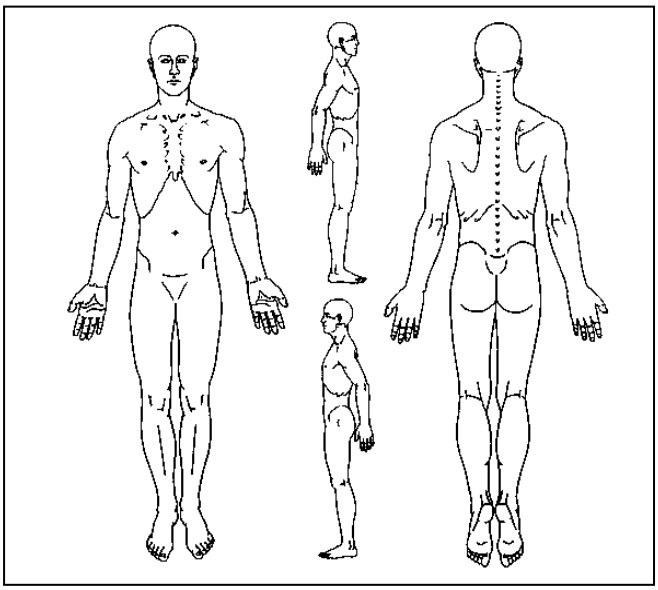
3) What are you not able to do because of the injury or condition? _____

_____

4) Circle the area(s) that are giving you problems.

Examples:





5) If you are having pain, circle how bad it is.

6) What makes your pain better? _____

_____

7) What makes your pain worse? _____

_____

8) Have you had any changes with your bowel or bladder? ☐ **No** ☐ **Yes**

9) Is there anything you'd like to tell your therapist? _____

_____

_____