



# RPI Patient Intake Form

First Name  MI  Last Name

Preferred Name  Date of Birth

Home Address  City/State  Zip

Email  Primary Phone

Appointment Reminders:  Phone  Email  Text Primary Care Physician \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Contact Phone \_\_\_\_\_ Relationship \_\_\_\_\_

How did you hear about us?

An RPI Employee \_\_\_\_\_  Internet \_\_\_\_\_

Friends/Family \_\_\_\_\_  Other \_\_\_\_\_

Injury Date \_\_\_\_\_

Work Comp

Auto Claim

Insurance Policy Holder Information *Please complete information on the Guarantor if you are not the policy holder.*

First Name  Last Name  Date of Birth  Relationship

Medical History *Please check the box next to the listed medical conditions you have or have had in the past.*

- |  |   |
|--|---|
| <input type="checkbox"/> Alzheimer's                       | <input type="checkbox"/> History of Cancer      |
| <input type="checkbox"/> Cardiovascular Disease            | <input type="checkbox"/> Huntington's           |
| <input type="checkbox"/> Cauda Equina Syndrome             | <input type="checkbox"/> Immunosuppression      |
| <input type="checkbox"/> Cerebral Vascular Accident        | <input type="checkbox"/> Lupus                  |
| <input type="checkbox"/> Current Infection                 | <input type="checkbox"/> Muscular Dystrophy     |
| <input type="checkbox"/> Diabetes Mellitus (Type 1/Type 2) | <input type="checkbox"/> Obesity                |
| <input type="checkbox"/> Fibromyalgia                      | <input type="checkbox"/> Osteoarthritis         |
| <input type="checkbox"/> Fracture or Suspected Fracture    | <input type="checkbox"/> Parkinson's            |
| <input type="checkbox"/> High Blood Pressure               | <input type="checkbox"/> Rheumatoid Arthritis   |
| <input type="checkbox"/> Other _____                       | <input type="checkbox"/> Traumatic Brain Injury |

My primary concern I would like RPI's help with is:

Other things I would like help with are:

For women, are you pregnant?  Yes  No

Do you smoke?  Yes  No

Height

Weight

Surgical History With Dates

*Rehabilitation involves the use of different types of physical evaluation and treatment. At RPI, we use a variety of procedures and modalities to help us improve your function. As with all forms of medical treatment, there are risks and benefits involved with physical therapy treatment, chiropractic care, and personal training. Since the physical responses to a certain treatment can vary widely from person to person, it is not always possible to accurately predict your response to a certain therapy modality or procedure. You have the right to ask your provider what type of treatment he or she is planning based on your history, diagnosis, symptoms, and testing results or discuss the potential risks and benefits of treatment. You have the right to decline any portion of your treatment at any time or during your treatment session. I understand the risks associated with a program outline for physical therapy, chiropractic, or personal training, and I wish to proceed.*

Signed  Date

If under the age of 18, guardian must sign for treatment  Date