Susan Frikken, DPT, LMT
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Yahara Therapy

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www.yaharatherapy.com

Confidential Health Intake

TODAY'S DATE **How did you hear about me?**

Name **Nickname**

Street Address (& Apt/Suite) **Gender**
City, State & Zip Code

Phone number(s) **Date of Birth**

Email (s)

Emergency contact name **and contact numbers**

Relationship to you

Please list any regular/usual physical activities

Occupation(s)

Please list your reason(s) for seeking therapy today. If you were referred, please list the referring provider.

(Attach referral if applicable.)

What makes things better?

What makes things worse?

What are your goals for therapy?

What kind of health care providers do you currently see? List all. (*e.g.* Family Practice provider, OB/GYN, Osteopath, Chiropractor, Herbalist, Psychotherapist, Neurologist, Geriatrician, Pulmonologist, etc.)

CIRCLE/HIGHLIGHT tests done recently. ***Blood work*** *Radiograph (x-ray film)* ***MRI*** *C/T scan*
Nerve Conduction Test *Other* _____

Have you had therapy before? Yes/No **What kinds and for what conditions?**

Medications, herbs, other supplements you are taking (attach list if preferred)

Please list any ALLERGIES/SENSITIVITIES

Could you be pregnant? _____ **# of months?** _____

Side of body you use most (Right, Left, Both): **LEGS/FEET** _____ **ARMS/HANDS** _____

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Health History

Please CIRCLE/HIGHLIGHT if you <u>currently or ever in the past</u> experienced, have/had diagnosis of, or are/were treated for any of the following.

- accidents (car, fall, other)
- arthritis (osteo)
- arthritis (rheumatoid)
- back pain
- blood clots/aneurism
- bone/joint condition or infection
- breathing/lung issues (asthma, sleep apnea, any difficulty breathing, lung conditions)
- bruising/bleeding
- bursitis
- cancer/ malignancies
- chemotherapy/radiation
- chest pain/ tightness
- clinical depression, anxiety, other mental health issues
- cold hands/feet
- diabetes (type _____)
- digestive/GI problems
- falls/loss of balance
- foot problems
- headaches
- hand/wrist issues
- heart attack/disease circulatory/vascular issues
- Hepatitis (type _____)
- HIV
- Other immune-suppressing disease/treatment
- hernia
- high/low blood pressure
- hip pain/issues
- hyperglycemia
- incontinence
- inflammatory condition
- kidney or liver issues/treatment/disease
- knee pain/ issues
- lymph node removal or lymphedema
- Multiple Sclerosis
- neuropathy
- pregnancy (# ___) childbirth (# ____)
- muscle spasm/issues
- sciatica
- scoliosis/other spine conditions
- seizures
- shoulder pain/issues
- skin condition/infection
- sleep disturbances/issues
- stroke
- surgery (list on next page)
- swelling/edema
- tendon/ligament problems
- tingling/numbness
- tuberculosis
- varicose veins
- other_____ _____

Do you:
__ ***Smoke?***
__ ***Drink alcohol?***

Have you recently had/felt (circle/highlight all that apply):

- Dizziness or Vertigo
- Fever
- Fatigue
- Numbness/strange sensations
- Nausea/Vomiting
- Confused/Poor Memory or Understanding
- Malaise (generally feeling "blah")
- Weight loss/gain
- Weakness

Do you use, wear <u>or</u> have you ever been prescribed any of the following? (circle/highlight all that apply)

- orthotics
- prosthetic devices
- surgical hardware (pins, plates, other)
- walker, cane, wheelchair, other assistive device
- hearing aids/corrective lenses
- mesh/other for hernia repair
- pump (and reason)
- artificial joint
- pacemaker/stent/vascular device
- other implant

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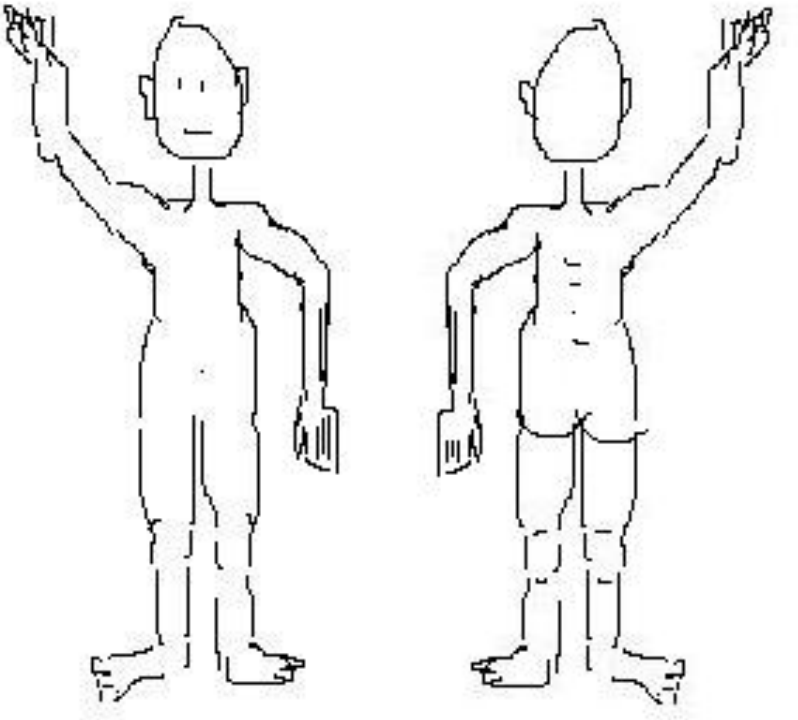
Please give details about any recent and past injuries, surgeries, trauma, other health issues, including those checked on previous page.

***It bothers me most in the areas marked below*.**
Draw lines between different areas if they are ever connected.



Circle/highlight any words that describe your pain/symptoms.

"numb" "tingle" "cold"
"hot/burning" "pressure"
"sharp" "shooting" "ache"
"deep" "surface" "throb"
"wave-like"
other_____

PAIN and SYMPTOMS RATING
0 (none) – 10 (worst you can imagine)

0 **10**

At WORST: ____

At BEST: ____

TODAY: ____

Do you feel you are safe?

Is there anything else you would like to share or ask?

How do you:

Experience happiness?

Find groundedness & balance?

De-stress?

