



# Vibrance Physical Therapy and Wellness

Helén Åkerberg Evans, PT  
VibrancePTandWellness.com

3295 Triangle Dr SE, Suite 140  
Salem, OR 97302

## Patient Intake Form

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient DOB: \_\_\_\_\_ Claim # (if applicable): \_\_\_\_\_

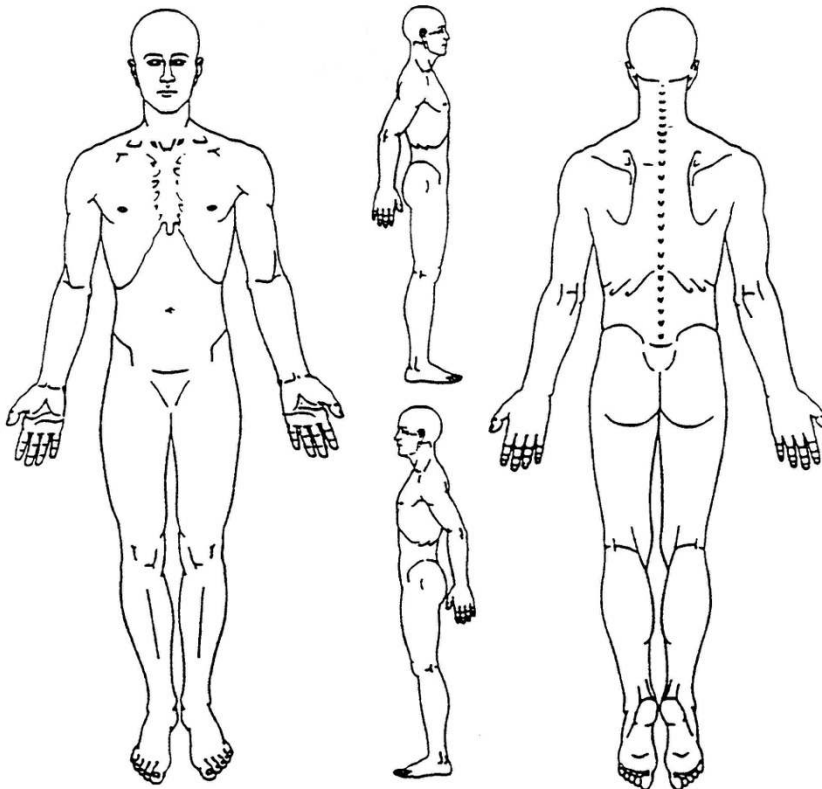
### Patient Condition

Reason for visit: \_\_\_\_\_

When did your symptoms appear? \_\_\_\_\_

Is this condition getting progressively worse?  Yes  No  Unknown

Please draw the location of your pain or discomfort on the images below. Use the symbols shown to represent the type(s) of pain:



**D** = Dull

**B** = Burning

**N** = Numb

**S** = Stabbing

**T** = Tingling (Pins and Needles)

**C** = Cramping

How often do you have this pain? \_\_\_\_\_

Is it constant or does it come and go? \_\_\_\_\_

Does it interfere with your  Work  Sleep  Daily Routine  Recreation?



**Describe your exercise:**     None     Light     Moderate/Daily     Heavy/Elite Level  
**What is your work activity?**     Sitting     Standing     Light Labor     Heavy Labor

**Habits:**

Alcohol                  Drinks/Week: \_\_\_\_\_                   Prescription Meds  
 Caffeine                  Cups/Day: \_\_\_\_\_                   High Stress Level  
 Street Drugs                   Soda Pop  
 Marijuana                   Tobacco                  Packs/Day: \_\_\_\_\_

**Are you pregnant?**     Yes     No    Due date: \_\_\_\_\_

<b>Past Injuries/Surgeries:</b>	<b>Description:</b>	<b>Date:</b>
Falls	_____	_____
Head Injuries	_____	_____
Broken Bones	_____	_____
Dislocations	_____	_____
Surgeries	_____	_____

**Medications:** \_\_\_\_\_  
\_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Supplements (Vitamins/Minerals/Herbs):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**By my signature below, I certify that the information I have provided above is complete, accurate, and truthful to the best of my knowledge.**

Patient Name/Name of Responsible Party: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_