



Physical Therapy & Wellness

**Brooklyn Location**

7606 7th Avenue  
Brooklyn, NY 11209

Tel: 347.560.6920 Fax:

347.560.6748

**Manhattan Location**

18 East 48th Street, Suite 801  
New York, NY 10017

Email: [info@sarricapt.com](mailto:info@sarricapt.com)

## Sarrica Physical Therapy & Wellness Intake

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

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_

Cell #: \_\_\_\_\_ Cell Carrier (e.g. Verizon, Sprint, T - Mobile): \_\_\_\_\_

Method of Communication (mark preference): \_\_\_\_\_ Text \_\_\_\_\_ Email

Email: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer Name: \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you find out about our office (be specific): \_\_\_\_\_

Where is your primary pain?  
\_\_\_\_\_

When, where and how did this problem start? \_\_\_\_\_  
\_\_\_\_\_

How would you describe your pain? (Check all that apply)

Aching   Burning   Dull   Pins & Needles   Shooting   Sharp   Stabbing   Tingling   Throbbing

Please e-mail completed forms to [info@sarricapt.com](mailto:info@sarricapt.com) \*\*Message and Data Rates may apply.

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Current Pain Scale (0-10 scale) \_\_\_\_/10

What makes your pain INCREASE? (Check all that apply)

Morning Evening Cold Heat Standing Stairs Walking Weather Sitting Exercise Computer

Other: \_\_\_\_\_

What makes your pain DECREASE? (Check all that apply)

Rest Cold Heat Exercise Walking Sitting Standing Medication Leaning

Other: \_\_\_\_\_

How long can you sit? \_\_\_\_\_ stand? \_\_\_\_\_ walk: \_\_\_\_\_

How many city blocks can you walk without discomfort? \_\_\_\_\_

Past Medical History (list ALL conditions that you have been diagnosed with)

\_\_\_\_\_  
\_\_\_\_\_

Past Surgical History

\_\_\_\_\_  
\_\_\_\_\_

Allergies \_\_\_\_\_

Current Medications

\_\_\_\_\_

Have you tried any PAIN MEDICATIONS in the past?

\_\_\_\_\_

**Please mark the symptoms you experience as needed**

**General**

Weakness/fatigue \_\_\_\_\_  
Fever \_\_\_\_\_  
Chills \_\_\_\_\_  
Sleeplessness \_\_\_\_\_  
Poor Coordination \_\_\_\_\_

**Heart/Circulation**

High blood pressure Heart \_\_\_\_\_  
Attack Coronary artery disease \_\_\_\_\_  
Rheumatic heart disease \_\_\_\_\_  
Heart murmur \_\_\_\_\_  
Valve disease \_\_\_\_\_  
Chest pain \_\_\_\_\_  
Ankle Swelling \_\_\_\_\_  
Deep vein thrombosis \_\_\_\_\_

**Lungs/Breathing**

Asthma-Exercise or Allergy induced? \_\_\_\_\_  
Pneumonia \_\_\_\_\_  
Bronchitis \_\_\_\_\_  
Cough \_\_\_\_\_  
Shortness of breath \_\_\_\_\_  
Emphysema \_\_\_\_\_  
Tuberculosis \_\_\_\_\_  
Abnormal chest x-ray \_\_\_\_\_

**Endocrine**

Thyroid-Hypo or Hyper? \_\_\_\_\_  
Diabetes \_\_\_\_\_  
Do you require insulin? \_\_\_\_\_

**GI/GU**

Ulcers \_\_\_\_\_  
Heartburn \_\_\_\_\_  
Diarrhea \_\_\_\_\_  
Constipation \_\_\_\_\_  
UTI \_\_\_\_\_  
Incontinence \_\_\_\_\_

**Hematology**

Anemia \_\_\_\_\_  
Bleeding Disorder \_\_\_\_\_  
Easy Bruising \_\_\_\_\_  
Hepatitis \_\_\_\_\_

**Musculoskeletal**

Muscle weakness \_\_\_\_\_  
Joint pain \_\_\_\_\_  
Arthritis - (OA) or (RA) \_\_\_\_\_  
Muscle cramps \_\_\_\_\_  
Osteoporosis \_\_\_\_\_  
Osteopenia \_\_\_\_\_

**Neuromuscular**

Seizures \_\_\_\_\_  
Numbness \_\_\_\_\_  
Tingling \_\_\_\_\_  
Weakness \_\_\_\_\_

**Social**

Drug use \_\_\_\_\_  
Smoking \_\_\_\_\_  
Alcohol \_\_\_\_\_  
Exercise regularly \_\_\_\_\_

Other: \_\_\_\_\_