



30-minute Complimentary Physical Therapy Consultation

Client Information

Welcome to your free physical therapy evaluation. Please share some information about yourself so that we can better inform you of the benefits of physical therapy and how they specifically apply to you.

Today's date _____

Last Name: _____		First Name: _____	
Address: _____			
City: _____		State: _____	Zip: _____
Tel. _____			
E-mail: _____			
May we send you our newsletter and special promotions information via e-mail?			
<input type="checkbox"/> Yes, please.			

How did you hear about us? _____

If referred by a friend, whom may we thank? _____

Have you ever tried physical therapy before? _____

Where / When? _____

What other type of exercise do you participate in? _____

Are you suffering from a recent or past injury or accident? _____
