Thrive Physical Therapy
527 N MUR LEN RD, STE B, Olathe, KS, 66062
Ph: +1 (913) 754-0700

Thrive PT New Patient Intake

General Patient Information

First Name

Last Name

Date of Birth

Occupation

Marital Status

Gender

If under 18, Guardian name and phone number

Address

Phone

Home phone

Email

Emergency Contact:

Name:
Relationship:
Phone Number:

How did you hear about us?

- [ ] Doctor Referral
- [ ] Friend/Family
- [ ] Facebook/Instagram
- [ ] Google
- [ ] Other

If referred by a doctor, friend, or family, please specify their name

Medical Information

What is the primary reason you are seeking care?

Secondary concern/problem

Please check if you have or have had any of the following

- [ ] Allergies
- [ ] Anemia
- [ ] Arthritis
- [ ] Broken bones
- [ ] Emphysema
- [ ] Cancer
- [ ] Developmental/Growth Delays
- [ ] Diabetes
- [ ] Blood Disorder
- [ ] Asthma
- [ ] Drug/Alcohol Dependency
- [ ] Gout
- [ ] Head Injury/Concussion
- [ ] Heart Disease
- [ ] High Blood Pressure
- [ ] HIV/AIDS

Please check if you have any family with a history of the following

- [ ] Allergies
- [ ] Anemia
- [ ] Arthritis
- [ ] Cancer
- [ ] Diabetes
- [ ] Drug/Alcohol Dependence
- [ ] Heart Disease
- [ ] High Blood Pressure
- [ ] Kidney Disease
- [ ] Mental Illness
- [ ] Obesity
- [ ] Osteoporosis
- [ ] Peptic Ulcer
- [ ] Seizures
- [ ] Stroke
- [ ] Thyroid Disease
- [ ] Other
- [ ] N/A

- [ ] Kidney Disease
- [ ] Lyme Disease
- [ ] Mental Illness
- [ ] Multiple Sclerosis
- [ ] Obesity
- [ ] Osteoporosis
- [ ] Pacemaker/ Defibrillator
- [ ] Parkinson's Disease
- [ ] Peptic Ulcer
- [ ] Seizures
- [ ] Skin Disease
- [ ] Spinal Cord Injury
- [ ] Stroke
- [ ] Thyroid Issues
- [ ] Tuberculosis
- [ ] Ulcers
- [ ] Other
- [ ] N/A

Please explain any checked boxes regarding YOUR history

Please explain any checked boxes regarding your FAMILY history

Please list all prescription medications and over the counter supplements you are currently taking

-
-
-
-
-

Signature

By signing, I acknowledge that this form has been filled out accurately and the information is true to the best of my knowledge.

Please use your mouse or finger to draw your signature below

Date: