



Patient Intake Form - Download, fill out, and print or email to frontdesk@britpt.com

Date: _____ DOB: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (c) _____ (h) _____ Email : _____

Please add frontdesk@britpt.com to your contacts for appointment confirmations.

Who may I thank for your referral? _____

Present Problem:

- | | |
|---|--------|
| 1 | onset: |
| 2 | onset: |
| 3 | onset: |

How do these problems interfere with your life? **What** would you like to be able to *do better* or with *less pain*? What makes the problem **worse**?

What are your physical demands, workout, fitness goals, etc.?

Medications/Herbs/Supplements:

In order to serve you most effectively, I may request your permission to speak to other healthcare practioners involved in your care; I usually do this via telephone or occasionally e-mail.

Please note that BritPT Inc will produce bills as requested but do not file claims with ANY insurance companies including Medicare.

I have been provided with a copy of the HIPAA Practice Act to read.

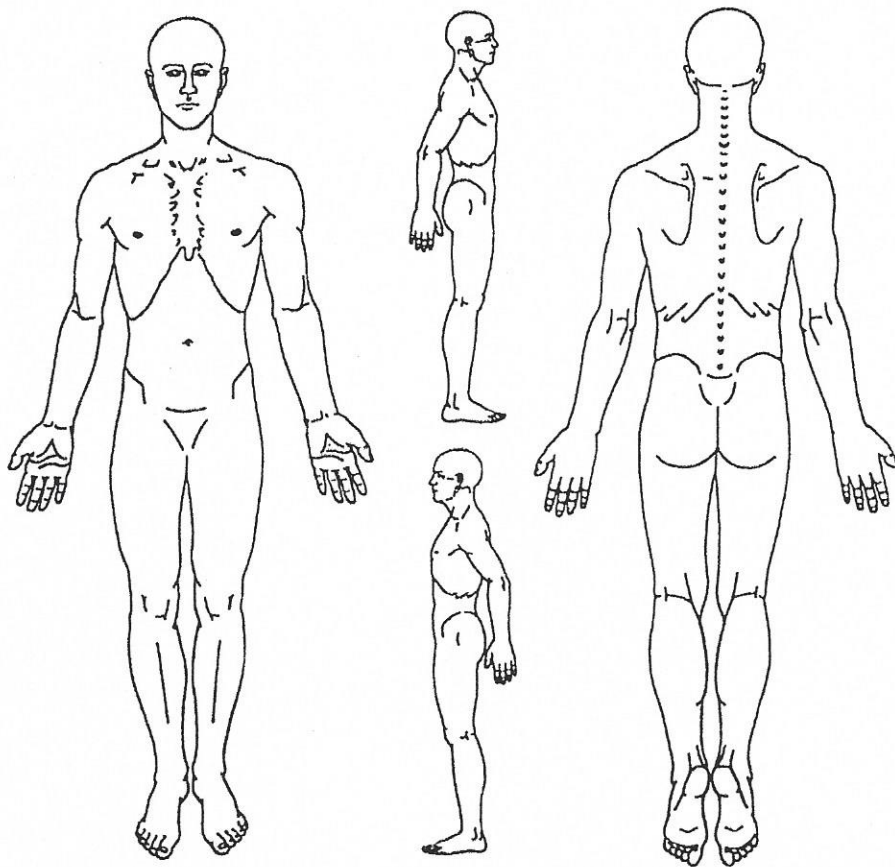
The APTA require that each patient give permission for a physical therapist to treat before they do so. We perform a variety of manual therapy solutions including dry needling and prescription exercise for your specific complaint. May I have your formal permission to treat?

Signature _____ Date: _____

PAIN DRAWING

Please mark the figures below with the letters that best describe the sensation or pain you are feeling. Please mark areas where pain radiates or spreads with a ↑, ↓, or ←, → arrow to indicate the direction of radiating pain.
(Include all affected areas)

A = Ache	B = Burning	R = Radiating Pain	D = Dull Pain
N = Numbness	S = Stabbing	P = Pins & Needles	O = Other



Please indicate how you would rate your pain (LOW) 0 1 2 3 4 5 6 7 8 9 10 (HIGH)

NAME: (please print) _____

How long have you experienced neck/back pain? _____ Years _____ Months _____ Weeks

Is this your first episode of neck/back pain? _____ YES _____ NO

SIGNATURE: _____ DATE: _____

MEDICAL HISTORY FORM

Please tell us about your medical team; MD

Massage

DC

PT

Counselor

Primary Reason for seeking care at BritPT:

Have you EVER been diagnosed as having the following conditions? Please circle

Yes	No	Cancer	Yes	No	Steroids for more than 6 months in a row?
Yes	No	Heart Problems	Yes	No	Antibiotics for more than 4 weeks?
Yes	No	Stroke/Aneurism	Yes	No	Have you ever taken blood thinners?
Yes	No	Blood pressure	Yes	No	Which of the OTC meds have you taken
Yes	No	Circulation issues			in the past week?
Yes	No	Asthma	Yes	No	Aspirin
Yes	No	Bronchitis, Emphysema	Yes	No	Tylenol
Yes	No	Addictions	Yes	No	Advil/Ibuprofen/ other NSAID
Yes	No	Thyroid Issues	Yes	No	Laxatives
Yes	No	Diabetes	Yes	No	Decongestants
Yes	No	MS	Yes	No	Antihistamines
Yes	No	RA	Yes	No	Antacid
Yes	No	Arthritis	Yes	No	other _____
Yes	No	Depression	Yes	No	sensitive to tape? Latex?
Yes	No	Tuberculosis	Yes	No	Kidney disease
Yes	No	Anemia	Yes	No	Epilepsy
Yes	No	Fibromyalgia	Yes	No	Chronic Fatigue Syndrome
Yes	No	Hepatitis			
Yes	No	Other	Yes	No	Supplements _____

List any accident, injury, broken bones, surgeries, trauma: _____

BritPT Inc

Dry Needling Consent Form

Manual trigger point therapy and needling is a hands-on physical therapy approach to treat myofascial pain and dysfunction. Dry needling is a manual physical therapy and should not be confused with acupuncture. Dry needling deactivates myofascial trigger points by using a thin filiform needle to penetrate the skin and stimulate the underlying myofascial trigger points that contribute to neuromusculoskeletal pain and movement impairment. A local twitch response will be elicited. Multiple trigger points in multiple muscles can be treated during each session. No medication of any kind will be injected.

As with any medical treatment or procedure, there are possible side effects and complications that must be considered prior to giving consent:

1. Dry needling often causes post-needling soreness which can last from a few hours to 2-3 days. This is followed by an expected improvement in the overall pain state. The initial increased pain is caused by the local twitch response.
2. Any time a needle is used there is a risk of infection. However, since only new, sterile and disposable needles are used, infections are extremely rare.
3. A needle may be inadvertently placed in a blood vessel, in which case a hematoma (bruise) may develop.
4. If a nerve is touched, it may cause paresthesia (a prickling sensation) which is usually brief, but may continue for a couple of days.
5. When needling the back or the chest, there is a rare possibility of pneumothorax (a puncture in the lung).

Please answer the following questions:

Are you or could you be pregnant?	Yes	No	If Yes, how many weeks?
Do you have implants of any kind?	Yes	No	If Yes, what?
Do you take blood thinners?	Yes	No	If Yes, what?
Do you have a bleeding disorder?	Yes	No	If Yes, what kind?
Do you take immunosuppressants?	Yes	No	If Yes, what?
Do you have metal allergies?	Yes	No	If Yes, what kind?

I have read or had read to me, the above. I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction. I agree to advise my physical therapist of any changes to any of my answers to the above questions. I understand the risks involved with dry needling. I consent to examination and treatment by all physiotherapists of BritPT, including dry needling, of any and all of my involved and affected muscles.

Signature _____ Date _____