

## Personal Information

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ (E-mail is to be used for communication with Parry PT only)

## Emergency Information

Person to Contact in the Event of an Emergency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Employment Information

Place of Employment: \_\_\_\_\_  
Occupational Title: \_\_\_\_\_

## Physician Information

Name of Primary Care/General Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Athletic Information

Sport: \_\_\_\_\_ Team/Club: \_\_\_\_\_  
Coach: \_\_\_\_\_ Number of Years Competing: \_\_\_\_\_ Dominant Hand: R / L  
How often do you practice your sport? \_\_\_\_\_ How often do you play your sport? \_\_\_\_\_  
Describe your current exercise program: \_\_\_\_\_  
\_\_\_\_\_  
What are your short term goals: \_\_\_\_\_  
What are your long term goals: \_\_\_\_\_  
If you are a golfer, what is your index or average score: \_\_\_\_\_

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(or signature of Parent or Guardian if Patient is a minor)