ORTHOPEDIC PHYSICAL THERAPY ASSOCIATES LLC

THRIVE INTAKE FORM

Healthy Aging • Fitness • Recreation • Sports Performance

Name: _____ **Date of Birth:** _____

Date: _____

YOUR GOALS

What would you like Thrive to help you do?

What are your main goals? *Check all that apply.*

- ☐ Stay strong, mobile, and active as I age
- ☐ Improve mobility or flexibility
- ☐ Improve endurance or conditioning
- ☐ Maintain independence
- ☐ Improve sports performance
- ☐ Develop or progress an exercise program
- ☐ Improve general strength
- ☐ Improve balance or confidence
- ☐ Improve overall fitness
- ☐ Return to or improve a recreational activity
- ☐ Improve movement quality or efficiency
- ☐ Other: _____

CURRENT ACTIVITY

What activities, exercise, or sports do you currently participate in?

How often are you currently active or exercising? ☐ Rarely ☐ 1–2 days/week ☐ 3–4 days/week ☐ 5+ days/week

Is there a specific activity, sport, or ability you would like to maintain or improve?

HEALTH & ACTIVITY SCREEN

Are you currently experiencing any of the following?

- ☐ New or worsening pain
- ☐ Recent surgery or hospitalization
- ☐ Numbness or tingling
- ☐ Recent fall or near fall
- ☐ Recent injury
- ☐ New weakness or loss of function
- ☐ Dizziness or new balance problems
- ☐ None of the above

If yes, please explain:

Are there any health conditions, past injuries, or surgeries that may affect your exercise or activity?

☐ No ☐ Yes — please describe:

Are you currently receiving physical therapy or other treatment for an injury or medical condition?

☐ No ☐ Yes — please describe:

Are you taking any medications or have you been given any medical precautions that may affect exercise?

☐ No ☐ Yes — please describe:

Is there anything else you would like your therapist to know before your Thrive Assessment?