



**University of Puget Sound
Onsite Physical Therapy Clinic
Exercise/Wellness Group
Intake/Referral Form**

Revised 06/2018

Date _____

Name _____

Address _____

Phone _____

Email _____

Date of birth _____

Please list any health concerns that you have such as joint pain, diabetes, high blood pressure, etc.

Are you currently receiving medical care for any health related concern? If so, please list the name and phone number of your health care provider.

_____ Health Care Provider

Phone _____

Please list all medications (over the counter, prescription and supplements) that you are currently taking.

Do you exercise regularly? **Yes No** If yes, please indicate how often you exercise and what the program consists of.

The exercise/wellness group meets once a week for seven weeks from late September to mid-November on either Tuesday or Thursday from 4:00 pm – 5:00 pm. We ask that participants attend the sessions regularly. Please check the day or days that you are available.

_____ Tuesday

_____ Thursday

There is a one time \$20 fee for participating in the exercise/wellness group. A member of the Onsite Physical Therapy Clinic staff will contact you to set up an appointment. If you have questions, please call the clinic at (252) 879-3180 or email at onsiteclinic@pugetsound.edu.