



ALPINE WELLNESS INTAKE FORM

Welcome to the Wellness Program at Alpine Physical Therapy, and thank you for joining us in striving to optimize your health. As physical therapists, our goal is to provide you with the tools you need to feel great and get the most out of your daily life. We have decided to take a little extra time, free of charge, to assist you in making the lifestyle modifications most beneficial to your health.

Once each week, we will record your body weight, heart rate, and blood pressure. In addition, every four weeks, we will take body circumference and skin fold measurements to monitor changes in body composition and mass.

To give us a better idea of what areas of wellness you'd like to focus on, we ask you to fill out this brief questionnaire about your food choices, stress management, exercise schedule, and other lifestyle choices. Our goal in this process is to increase your personal awareness of your lifestyle decisions and how they may affect your health. We hope to also assist you in making the most reasonable and effective lifestyle modifications to help you reach your personal goals. At the conclusion of your final therapy treatment, we will review your wellness program and help you set realistic, long-term goals. After you've completed your program we hope to see you once every eight weeks for a complete wellness screening . . . on us.

Congratulations on taking this step toward improving you health and wellness. We look forward to helping you reach your goals!

Name _____ Date _____

Email _____

What aspect of your wellness are you most concerned with?

Nutrition Exercise Stress Management Drinking/Smoking

Do you smoke? NO YES (cigarettes/day)_____

Do you drink alcohol? NO YES (drinks/week)_____

What is your ideal weight? _____

What practices/habits do you implement that you feel are good and healthy?

What problems have you faced with previous or present attempts at healthy changes?

What healthy food choices do you make regularly?

What poor food choices do you make regularly?

How do you manage stress?

How much do you exercise? Cardio _____ minutes, _____ days/week

Modalities/Classes _____

Strength Training _____ days/week

What are your goals for each category?

Food Choices

Stress Management

Exercise

Other (smoking, drinking, time management, etc)
