



5070 W. Rawson Ave
Franklin, WI 53132
414-377-9765
Fax 414-377-9769
www.ksrpt.com

“DISCOVERY SESSION”

Name:

Date of Birth:

Phone Number:

Email:

Main reason for wanting a Physical Therapy Discovery Session? (please check one)

- I'm new to physical therapy and not sure what to expect
- I was let down by another healthcare professional in the past and I would like to see if we are a good fit for each other before I commit
- I'm not sure if physical therapy can even help me
- I'd like to get a better understanding of what is causing my pain/injury and what you can do to help me before I commit to a formal appointment.
- It's just easier to get started this way

Where is your pain or stiffness? (Please Select One)

- Lower Back
- Mid/Upper Back
- Neck
- Shoulder
- Elbow/Wrist/Hand
- Hip
- Knee
- Ankle/Foot
- Multiple body parts/areas
- Muscle injury not listed
- Not sure where it's coming from
- Other (not listed above)

What concerns you most about your pain/injury that's making you consider physical therapy? (Please Select One)

- Having to take painkillers to ease the pain
- Being limited in how much I can stay active, play my sport, exercise
- Losing mobility or independence
- The risks of facing surgery
- Other- not listed above

How long have you suffered or worried?

- 1-2 weeks (or less)
- 2-4 weeks
- 1-3 months
- 4-12 months
- Over a year

What is the MAIN goal that you want to achieve with us? (Please Select One)

- Find out what is wrong and why I'm still having pain
- Find out if physical therapy can help w/ my pain/injury
- Create a solid plan for fixing my problem
- Get to know the therapist/clinic to make sure it's a good fit for me
- Other- Not listed above