

## PATIENT INTAKE FORM

PLEASE FILL OUT COMPLETELY AND CLEARLY

**Date:** \_\_\_\_\_ **Patient's Legal Name:** \_\_\_\_\_

**Nickname:** \_\_\_\_\_ **[ ] Male [ ] Female** **DOB:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Main Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Primary Insurance:** \_\_\_\_\_ **Secondary Insurance:** \_\_\_\_\_

**Primary Insured Name:** \_\_\_\_\_ **Relationship to patient:** \_\_\_\_\_

**Primary Insured DOB:** \_\_\_\_\_ **Primary Insured SSN:** \_\_\_\_\_

Primary Insured Mailing Address (if different from the above):

WORK COMP & MVA

**Date of Injury:** \_\_\_\_\_ **Claim #:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Adjuster/Case Manager:** \_\_\_\_\_

**Is an attorney involved?** [ ] Yes [ ] No - **Attorney Name/Phone#:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Medicaid Patients:** *Who is your Passport Provider:* \_\_\_\_\_ *Date of last visit:* \_\_\_\_\_

Have you had any of these therapies in the *past year*? [ ] PT [ ] OT [ ] Speech [ ] Chiropractic [ ] Cardiac/Pulmonary **or** [ ] No  
If yes, when was it? \_\_\_\_\_ How many? \_\_\_\_\_ Was it at our clinic [ ] Yes [ ] No Was it for the *same injury*? [ ] Yes [ ] No

**Referring Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Please sign below to acknowledge that the above information is accurate, that you have received the **HIPAA Notice of Privacy Practices** handout, and to authorize our clinic to treat for physical therapy.

**Signature of Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Information below is required for treatment of a minor or a patient who does not have their own power of attorney.**

**Name of Parent or Legal Guardian:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**[ ] I would like to receive appointment reminders via email.**