



Welcome to our office! If at any time you have any questions about your treatment, appointments or charges, please feel free to ask. The following information will be appreciated and will be used in strict confidence to prepare your clinical chart.

General Information

Last Name _____ First Name _____ Middle Initial _____

Address _____ City/State _____ Zip _____

Phone (_____) _____ Social Security # _____ Birth date ____/____/____ Sex - F M

Cell Phone: (_____) _____ Email Address: _____ (Optional)

Marital Status - Single, Married, Divorced, Widowed; Spouse's name _____

Your Employment Status - Full Time, Part Time, Retired, Unemployed, Self-employed

Your Employer _____ Work phone (_____) _____

Whom may we contact in case of an emergency? _____ Phone (_____) _____

Have you or any family member ever been treated in our office before? _____ Who? _____

Date of injury / onset ____/____/____ State: _____ (** Must have a date and State for all BCBS patients**)

Is your injury related to - job, automobile accident, other, etc. Please specify _____

***** Physical Therapy patients only:

Have you had physical therapy this year? ____ If yes, where _____

Have you had any home health services in the last 60 days? ____ If yes, when were you discharged? _____

Student Status - Full Time, Part Time, Not a Student **If patient is a minor, parent's name** _____

Responsible Party (signing paperwork) Name and Social Security Number _____

Insurance Information

We will need to make a copy of your insurance card for your chart.

Primary Insurance Company _____ Phone (_____) _____

Policy # _____ Group # _____

Name of Insured _____ Insured's date of birth ____/____/____

Employer of Insured _____ Insured's Sex - F M

Relationship to Insured - (1) Self, (2) Spouse, (3) Child, (4) Other

Secondary Insurance Company _____ Phone (_____) _____

Policy # _____ Group # _____

Name of Insured _____ Insured's date of birth ____/____/____

Employer of Insured _____ Insured's Sex - F M

Relationship to Insured - (1) Self, (2) Spouse, (3) Child, (4) Other