



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