



For official use only:
 Physical Therapist: _____
 DX: _____

Patient's Name: _____ Home Phone: _____
 Address: _____ Cell Phone #: _____
 City: _____ State: _____ Zip Code: _____
 Date of Birth: _____ Sex: Male Female S.S. #: _____
 Employer: _____ Work Phone: _____
 Employer address: _____ City: _____ State: _____ Zip Code: _____
 Referring Physician: _____ Physician's address: _____
 City: _____ State: _____ Zip Code: _____ Phone #: _____

If Married: Spouse's Name: _____ Contact Phone: _____

Emergency Contact (Not living with you): Name: _____ Phone: _____

PLEASE COMPLETE IF PATIENT IS A MINOR:

Mother/Guardian's name: _____ **Address:** _____

City: _____ State: _____ Zip Code: _____ S.S. #: _____

Employer: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

Father/Guardian's name: _____ **Address:** _____

City: _____ State: _____ Zip Code: _____ S.S. #: _____

Employer: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone #: _____

INSURANCE INFORMATION: Please present the front office with insurance cards

Primary Insurance: _____ **Subscriber's Name:** _____

Subscriber's ID #: _____ **Group #:** _____ **Date of Birth:** _____

Secondary Insurance: _____ **Subscriber's Name:** _____

Subscriber's ID #: _____ **Group #:** _____ **Date of Birth:** _____

Other Insurance Information:

Is treatment a result of a: On the job injury Auto Accidental

Date of Injury: _____ Claim #: _____

I authorize Columbia Physical Therapy, Inc. P.S. to use and disclose health and medical information for the purposes of treatment, payment and health care operations. Under all circumstances, I assume final responsibility for my account understanding that in the event my account becomes delinquent, I agree to pay accrued finance charges, court costs and attorney fees. I consent to physical therapy services prescribed by any physician. I authorize payment of medical benefits by my insurance company to Columbia Physical Therapy, Inc. PS, for services rendered. I have received this practice's Notice of Privacy Practices written in plain language.

Signature: _____ Date: _____