NEW PATIENT INTAKE FORM

Patient's Name: ____ Date: _______________________

Mailing Address: ____

City: ________________________ State: ________________________ Zip Code: ___________________

Home Phone: __________________ Work phone: __________________ Cell Phone: _________________

Contact Preference: □ Home □ Work □ Cell □ E-mail E-mail Address: _____________________________

SSN: ___________________ Birth Date: ___________________ Sex: □ Female □ Male

Marital Status: □ Single □ Married □ Divorced □ Widowed Spouse/Partner's Name: ___________________

Employer: ____

Primary Physician: __________________________ Referring Physician: ___________________________

Emergency Contact: ______________________________ Relationship: ____________________________

Emergency Contact Phone #: ____

INSURANCE INFORMATION: PLEASE GIVE YOUR CARDS TO THE FRONT DESK FOR SCANNING

Primary Insurance ____

If Medicare: Have you had any Physical or Speech therapy this calendar year: □Yes □No

Subscriber's Name: ____ Birthdate: ______________

ID Number: ____ Group number: _____________________

Secondary Insurance ____

Subscriber's Name: ____ Birthdate: _____________

ID Number: ______________________________________ Group number: _______________________

IF YOU HAD AN ACCIDENT PLEASE COMPLETE THIS SECTION

Date of accident: __________________ How did it happen? □ Auto □ Work □ Other

State in which injury occurred: ____

Claim number: _______________ Insurance company (worker's comp or auto PIP): _______________

Address: ___________________________ Claims Adjuster: _____________ Phone #: ______________

I verify that the above information is accurate (Signature) ____________________________________

Please tell us how you learned of our service and whom we can thank:

□ I was a Former Patient □ Former Patient recommendation □ Found us on the Internet

□ Family/Friend/Co-worker □ Doctor recommendation □ Radio advertisement

□ Phone book □ Publication/Newspaper; what Publication: ___________________________

□ Clinic Sign □ Saw you at an event: what Event: _________________________________