

PATIENT INTAKE FORM

Name: _____ Sex: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mailing Address: _____ City: _____ Zip: _____

Email: _____ Occupation: _____

Birthdate: _____ Social Security Number: _____

Emergency Contact: _____ Relationship to Patient: _____

Emergency Contact Phone Number: _____

Is this injury due to a work/ auto related claim? YES NO

If YES, date of Injury: _____ Claim Number: _____

Referring Provider: _____ Family Doctor: _____

Other Doctors seen for this condition: _____

Insurance Information: IF WE DO NOT HAVE A COPY OF YOUR CARD, PLEASE FILL IN.

Primary Insurance: _____ Insurance ID#: _____

Insured's Name: _____ Birthdate: _____

Secondary Insurance: _____ ID#: _____

Insured's Name: _____ Birthdate: _____

Consent to Treat

I consent to physical therapy treatment. I authorize mutual exchange of information between Balance Point Physical Therapy Clinic (BPPTC) and referring health care providers and insurance carriers concerning my injury/condition and treatments . I have the right to review BPPTC's privacy notice, to request restrictions on BPPTC's use and disclosure of healthcare information and to revoke this consent to release information.

I assign all payments for physical therapy services rendered to myself or dependents to Balance Point. I understand that I must check with my insurance provider to confirm specific terms of physical therapy coverage. I accept responsibility for any services *not covered* by my insurance policy and for any services I choose not to submit to my insurance company. I understand that each visit for physical therapy treatment without any insurance benefit is payable at the time of service. In the event that my account(s) is turned over to a collection agency, I will be responsible for any and all costs incurred in the collection process, including but not limited to: reasonable attorney fees, service costs, investigation and/or location service fees, etc.

Patient Signature: _____ Date: _____

Would you like to receive text reminders the day before your appointments? YES NO

If YES, what phone number would you like that to go to? _____

May we leave a voicemail if we contact you by phone? YES NO