

ENCHANTED LAKE PHYSICAL THERAPY

PATIENT INFORMATION

Last Name: _____ First Name: _____ M.I. _____
Home Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Email: _____
Age: _____ Sex: Male Female Marital Status: Single Married Other Date of Birth: _____
 Employed Student Retired N/A Employer/School: _____ Title: _____
Work Address: _____ City: _____ State: _____ Zip Code: _____

EMERGENCY CONTACT/LEGAL GUARDIAN INFORMATION

Emergency Contact: _____ Relationship: _____ Phone: _____
Legal Guardian: _____ Phone (home/cell): _____
Primary Care Physician: _____ Office Phone: _____

Have you received PT/OT this year? Yes No Have you received PT/OT for other conditions this year? Yes No

Medicare: Have you received home PT in the last 2 months? Yes No Are you receiving PT elsewhere? Yes No

TriCare/TriWest: Are you on active duty? Yes No Do you have a letter of authorization to see us? Yes No

INSURANCE INFORMATION

Primary Insurance: _____	Secondary Insurance: _____
ID#: _____	ID#: _____
Subscriber: _____	Subscriber: _____
Relationship: _____	Relationship: _____
DOB: _____	DOB: _____

WORKER'S COMPENSATION/AUTO INFORMATION

Insurance Co.: _____	Attorney Involved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____	Attorney Name: _____
City/State/Zip: _____	Attorney Address: _____
Adjuster: _____	City/State/Zip: _____
Phone: _____	Phone: _____
Claim#: _____	

MeiAppointment Cancellation Policy

If you are unable to keep your appointment **please RESCHEDULE or CANCEL at least 24 hours in advance**. If you should have (3) cancellation without adequate notice or (2) "no shows", we will cancel all remaining appointments, notify your physician, and discharge you as a patient. We have 24 hour answering machines for your convenience.

I certify that the information above is correct. I permit a copy to be used in place of the original. This authorization is valid until revoked by me in writing.

Patient/Parent/Guardian Signature

Relationship to Patient

Date