

New patient/Patient Intake Form

Patient Name: _____		Home & Cell : _____	
Address: _____		Email: _____	
City: _____	State: _____	Zip: _____	Social Sec: _____
PO Box: _____		Family MD: _____	
Date of Birth: _____	Male: _____	Female: _____	Family MD address: _____
Referring MD and Clinic location: _____			
Employer: _____		Employer phone: _____	
Employer address: _____		City: _____	State: _____ Zip: _____
Spouse or Partner Name: _____		DOB: _____	Primary Insurance Information....Note below or provide current copy of card to staff for input
SS # if they are the insured: _____		Company _____	
Their Employer: _____		Insured _____	
Business address: _____		Insured DOB _____	
City: State: Zip: _____		Phone: _____	ID# _____
Please complete if patient is a MINOR: Parent/Guardian Name: _____		Phone # _____	
Address: _____		Secondary Insurance Information...Note below or provide current copy of card to staff for input	
City: State: Zip: _____		Company _____	
Social Security #: _____		Insured _____	
Employer: _____		Insured DOB _____	
Work Ph: _____	Home Ph: _____	ID# _____	
Emergency Information (Relative or friend not living with you)		Phone # _____	
Name: _____		_____	
Phone: _____	Relationship: _____	On the job injury? _____	Auto Accident? _____
<p>I authorize MS. Boise Physical Therapy to use & disclose health information for the purposes of treatment, payment, & health care operations. Under all circumstances, I assume final responsibility for my account understanding that in the event that my account becomes delinquent, I agree to pay accrued finance charges, court costs, & attorney fees. I consent to physical therapy services prescribed by any physician. I authorize payment by my insurance company to APT for services rendered. I have received this practice's Notice of Privacy Practices written in plain language.</p>		Date of injury: _____	
		Insurance Co: _____	
		Claim No: _____	
		Examiner: _____	Phone: _____
Signature: _____	Date: _____		
Updated Signature: _____	Date: _____	Updated Signature _____	Date: _____