

Today's Date _____ Birthdate _____ Male or Female (Circle One)
Name _____ What name would you like us to use? _____
Social Security Number _____ Drivers License Number _____
Phone _____ Cell _____ Alternate _____
Street Address _____ City _____ State _____ ZIP _____
Email address _____ May we email you with clinic info? _____
Referring Doctor _____ Address _____
How did you hear about our clinic? _____
Current Employer _____ Work Phone _____
Address _____ City _____ State _____ ZIP _____

IN CASE OF AN EMERGENCY, PLEASE CONTACT

Name _____ Relationship _____ Phone/Cell _____

A. WORKERS' COMPENSATION INSURANCE INFORMATION *(if work-related)*

Name of Employer at time of injury _____ Date of Injury _____
Worker's Comp Insurance _____ Insurance Phone _____
What part of your body was injured? _____ Claim Number or SS# _____
Have you had physical therapy for this condition? YES NO If yes, how many visits? _____

B. PRIVATE HEALTH INSURANCE INFORMATION *(if billing your private health insurance)*

Primary Insurance Company _____ Insurance Phone _____
Insured's Name _____ Insured's ID# _____
Group Number _____ Insured's Date of Birth _____
My deductible has been (circle one): Met Not Met Partially Met N/A
1. Date of accident or date of onset _____
2. Briefly explain injury _____
3. Have you had Physical Therapy or Chiropractic services this year? YES NO
If yes, how many visits? _____

C. AUTO INSURANCE *(if billing your auto insurance)*

Insurance Company _____ Insurance Phone _____
Insured's Name _____ Date of Accident _____
Adjustor's Name _____ Claim Number _____
Amount of Medical Pay Coverage *(Please check your policy for this information)* _____

ASSIGNMENT AND RELEASE

I hereby authorize my insurance benefits be paid directly to MILPITAS PHYSICAL THERAPY CLINIC, INC., and I am financially responsible for non-covered services. I also authorize MILPITAS PHYSICAL THERAPY CLINIC, INC. to release any information required to process this claim.

Patient Signature _____ Parent/Guardian Signature _____

(If patient is under 18 yrs old)