



PHYSICAL THERAPY

Patient Information

Patients Name: _____ Date of Birth: _____
Address: _____ City, State, Zip: _____
SS#: _____ Email: _____
Phone#'s: (Home) _____ (Cell) _____
Emergency Contact: _____ Relation: _____ Phone: _____
Referring Physician: _____ Phone: _____
Date Last Seen By Physician: _____ Date of Next Doctor's Appointment: _____
Preferred Method of Communication: [] Email [] Text Message [] Phone
I Agree to Receive Emails From Fit PT (for therapist and clinic communication only): [] Yes [] No
Who Can We Thank For Your Referral: _____

Primary Payment Source: [] Insurance [] Self [] Workers Comp [] Auto/Personal Injury [] Other _____
Insurance Info (Please Provide Us with a Copy of Current Drivers License and Insurance Card):
Name of the Insured: _____ Insured's DOB: _____
Insured's Employer: _____ Member ID#: _____ Group #: _____
Claim #: _____ Adjustors/Attorneys Name/Phone# _____
Preferred Payment Method (self pay, co pays, deductibles, etc.): [] Cash [] Check [] Credit Card

Authorization

Your signature below acknowledges you understand and agree to the following:

Authorization for Information Release:

I authorize Fit Physical Therapy to furnish my insurance company with medical information they may request regarding your condition or treatment. I also authorize Fit Physical Therapy to communicate with my referring health care provider regarding any medical information needed for treatment. Furthermore, I authorize my referring healthcare provider to release any Diagnostic Reports, Imaging (X-Rays, MRI, CT Scans), and surgery reports related to my care to Fit Physical Therapy.

Privacy Notice and Patient Bill of Rights:

I have read and understand Fit Physical Therapy's Privacy Notice and Patient Bill of Rights.

Authorization for Treatment:

I authorize Fit Physical Therapy to provide physical therapy treatment to the above named patient. I am at least 18 years of age and/or the legal guardian/guarantor of the above named patient.

Printed Name of Patient: _____

Signature of Patient and/or Legal Guardian: _____ Date: _____