



PATIENT INTAKE FORM

Initial Evaluation is Scheduled For: _____ @ _____ with _____

PATIENT INFORMATION – To be filled out by patient					
First Name:		Last Name:		M.I.:	
Address:		City:		State:	Zip:
DOB: / /	Age:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Marital Status: M <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/> S <input type="checkbox"/>	
Home Phone #:		Cell Phone #:		Work Phone #:	
E-mail:			SS#: - -		
Employer:			Occupation:		

EMERGENCY CONTACT – To be filled out by patient	
Name:	Relationship to Patient:
Home Phone #:	Alternate #:

PROVIDER CARE INFORMATION – To be filled out by patient	
Referring Physician:	Referring Physician's Phone #:
Primary Physician:	Primary Physician's Phone #:

INSURANCE INFORMATION – To be filled out by patient			
Name Primary Insurance:		Insurance Phone #:	
Subscriber's Name:		DOB: / /	
ID #	Group Policy #:		
Patient Relation to Insured: Self <input type="checkbox"/>	Spouse <input type="checkbox"/>	Child <input type="checkbox"/>	Other <input type="checkbox"/>
Name of Secondary Insurance:			
Subscriber's Name		DOB: / /	
ID#:	Group #:	Relation: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/>	

AUTO OR WORK INJURY CLAIMS ONLY – To be filled out by patient			
Auto Insurance Name:		Worker's Comp. Carrier:	
Adjuster/Claim Manager:		Phone #:	Ext:
Address:		City:	State:
Zip:	Claim #:		
Accident Date: / /			

INSURANCE VERIFICATION – To be filled out by the Fast Track Physical Therapy Staff		
In-Network Deductible:	Deductible Remaining:	Co-Pay/Co-Insurance:
Out-Of-Network Deductible:	Deductible Remaining:	Co-Pay/Co-Insurance:
Payment Agreement:		
Authorized Visits Remaining:		Benefits Explained to Patient: Yes <input type="checkbox"/> No <input type="checkbox"/>

I authorize my insurance benefits to be paid directly to Fast Track Physical Therapy. I understand that I am financially responsible for any balance.

Signature: _____ Date: ____/____/____

Relationship to Patient: _____