

How did you hear about our clinic? (1) Dr. specified clinic (2) Dr. gave choice of clinic (3) You chose clinic because of (a) Yellow Pages (b) website (c) word of mouth (d) voucher (e) other _____

SUMMIT PHYSICAL THERAPY (SPT)

Patient Name: _____ Date: _____

Address: _____ City and Zip: _____

Home #: _____ Work #: _____ Cell #: _____
Married: Y N Sex: M F Age: _____ DOB: _____

Employer: _____ Occupation: _____

Emergency Contact: _____ Phone: _____

Referring Physician: _____ Phone: _____

Physician Address: _____

Fax: _____ (Office use) Physician NPI: _____

Primary Insurance: _____ Phone: _____

Insurance Address: _____

ID # _____ Fax: _____

Name of Subscriber: _____ Sex: M F Subscriber's DOB _____

Secondary Insurance: _____ Phone: _____

Insurance Address: _____

ID # _____ Fax: _____

Name of Subscriber: _____ Sex: M F Subscriber's DOB _____

Work Related? Circle Yes or No Auto Accident? Circle Yes or No

DOI: _____ Claim #: _____

Name of Ins. Co: _____

Address: _____

Adjuster: _____ Phone: _____ Fax: _____

Signature _____ **Date:** _____