

Release

PHYSICAL THERAPY

WELLNESS MADE BY HAND

We would like to welcome you to Release Physical Therapy. Thank you for selecting our practice. We are committed to provide you with the best possible physical therapy services. Please complete the following information by printing neatly:

Date: / /

Name: _____
Last, First, Middle

Date of Birth: / /

Sex: Female Male

Email (required): _____

Home Phone: _____ Work Phone: _____ Cell phone: _____

Address: _____
Street City State Zip CodeEmployment: Employed Student Unemployed Retired Homemaker

Employer Name: _____

Reason for today's visit: _____

Who referred you to Release Physical Therapy? _____

Insurance Information

Name of Insured: _____ DOB of Insured: ____/____/____

Were you hurt at work? No Yes

Date of injury: ____/____/____

Have you filed a claim? No YesWere you hurt in an auto accident? No Yes

Date of accident: ____/____/____

Have you filed a claim? No Yes_____
Signature_____
Date