



PHYSICAL THERAPY PROFESSIONALS, P.C.

LAKEVILLE
3506 Thomas Dr., Lakeville, NY 14480
(585) 346-0060 Fax (585) 346-0108

CALEDONIA/NEW YORK FITNESS
3163 State St. (Rt. 5), Caledonia, NY 14423
(585) 538-9460 Fax (585) 346-0108

MT. MORRIS/PAT'S CLUB
66 Stanley St., Mt. Morris, NY 14510
(585) 658-9280 Fax (585) 346-0108

PATIENT INFORMATION FORM

LAST NAME _____ FIRST _____ MI _____ SEX _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
HOME PHONE # _____ WORK _____ CELL _____
DATE OF BIRTH _____ WHAT DO YOU LIKE TO BE CALLED? _____
SS# (Parent # if minor) _____
NAME OF REFERRING PHYSICIAN _____
NAME OF PRIMARY CARE PHYSICIAN _____

INSURANCE INFORMATION

PRIMARY INSURANCE _____ POLICY # _____
SECONDARY INSURANCE _____ POLICY # _____
NAME OF PERSON RESPONSIBLE FOR PAYMENT _____
ADDRESS _____
STREET CITY STATE ZIP
SS # _____ DATE OF INJURY _____
EMPLOYER _____ RELATIONSHIP TO PATIENT _____

WORKERS COMPENSATION INFORMATION

NAME OF EMPLOYER (at time of injury) _____
ADDRESS _____
WC INSURANCE CARRIER OF EMPLOYER _____
ADDRESS _____
PHONE # OF INSURANCE CO _____ FAX # _____
DATE OF INJURY _____ CC # _____
NAME OF NURSE CASE MANAGER _____

MOTOR VEHICLE ACCIDENT INFORMATION

NAME OF INSURANCE COMPANY _____
ADDRESS _____
NAME OF POLICY HOLDER _____
ADDRESS _____
POLICY # AND/OR FILE # _____ DATE OF INJURY _____

HOW DID YOU HEAR ABOUT OUR FACILITY? (i.e., friend, relative, doctor, website, advertisement-if so, which one?) _____

COPAYMENTS ARE DUE AT THE TIME OF SERVICE! CASH AND CHECKS ACCEPTED ONLY!