

McDonald Physical Therapy

New Patient Questionnaire

Patient name _____
First Middle Last Name Preferred

Address _____

City _____ State _____ Zip Code _____ Sex: M ___ F ___ SSN# _____

Date of Birth ___/___/___ Home Phone (____) _____ Cell (____) _____ Work (____) _____

E-mail Address _____ Drivers License # _____

Employer _____ Occupation _____ Employer Address _____

City _____ State _____ Zip Code _____ Phone _____

Responsible Party (self, if over 18 years old) _____ Relationship _____

Address _____ Phone _____

Emergency Contact _____ Phone _____
Name and Relationship

Would you be interested in speaking with a social worker? Yes ___ or No ___

Who is to be billed: Private Insurance _____ Work Comp _____ Auto/Accident Insurance _____ Self _____

Primary card holder's name and relationship to patient _____

Primary SSN _____ **Primary DOB** _____

Permanent Home Address (if different) _____

City _____ **State** _____ **Zip Code** _____ **Home Phone** _____

Secondary card holder's name and relationship to patient _____

Secondary SSN _____ **Secondary DOB** _____

Permanent Home Address (if different) _____

City _____ **State** _____ **Zip Code** _____ **Home Phone** _____

Referring Doctor _____ Area of Injury _____ Approximate Injury Date _____

Please list the health care professionals that you would like us to send progress reports to and sign your name in the space provided.

_____ Signature _____

**CONSENT TO PHYSICAL THERAPY
(Please read before you sign)**

- 1. I authorize the staff of McDonald Physical Therapy to carry out all procedures as ordered by my physician on the referral form.
- 2. I authorize the release of any medical information necessary to process this claim.
- 3. I authorize payment directly to McDonald Physical Therapy for physical therapy services rendered. I understand that I am financially responsible for charges not covered by third party payers. (For Medicare and Private Insurances).

_____ Date ___/___/___
SIGNATURE OF PATIENT (if the patient is a minor parent must sign)

PLEASE DO NOT REMIND ME OF MY APPOINTMENTS