

TIDEWATER PHYSICAL THERAPY/ELECTROMYOGRAPHY

Therapist _____ Location _____ Date of First Visit _____
Last Name _____ First Name & Initial _____
Address _____ City _____ State _____ Zip _____
Email Address _____ Employer _____ Work Phone # _____
Home Phone # _____ Cell Phone # _____ Emergency Contact # _____
Married/Single/Divorced _____ Patient's Social Security # _____ Patient's DOB: _____
____ M ____ F Referring Dr _____ Primary Dr _____
If patient is a Minor, Guarantor's Name & Address _____
Guarantor's Social Security # _____ Guarantor's Date of Birth _____

INSURANCE INFORMATION

_____ Auto Accident PIP Available? _____ Claim # _____
_____ Workers Compensation Open Claim _____ Date of Injury _____
Insurance Carrier _____ Phone # _____
Address _____ City _____ State _____ Zip _____
Adjuster's Name _____ Authorization if required _____
Verified by _____ Date _____ Attorney _____

Primary Health Insurance:

Insurance Company _____ Phone # _____
Address _____ City _____ State _____ Zip _____
Effective Date _____ Group # _____ Member #/Policy # _____
Benefit Verification: Verified by _____ Date _____
Name of person spoken to _____ Copay/Co-ins./Ded _____ Authorization # _____
Benefits _____

Secondary Health Insurance:

Insurance Company _____ Phone # _____
Address _____ City _____ State _____ Zip _____
Effective Date _____ Group # _____ Member #/Policy # _____
Benefit Verification: Verified by _____ Date _____
Name of person spoken to _____ Copay/Co-ins./Ded _____ Authorization # _____
Benefits _____

Medical: Diagnosis _____ Date of onset _____

Have you ever had therapy or chiropractic care for this condition before: _____ If yes, where? _____
Are you currently under the care of a Home Health Agency or have you been within the last 90 days? _____
If yes, Name & Number of Agency _____

History:

____ Pacemaker ____ Heart Disease ____ Allergies ____ Asthma ____ Pregnant ____ Seizures ____ High Blood Pressure
____ Diabetes ____ Metal Implants ____ Cancer Recent surgery _____

HOW DID YOU HEAR ABOUT US? _____