

# WELCOME TO SHASTA PHYSICAL THERAPY

<b>Last Name:</b> _____	<b>First Name:</b> _____	<b>Preferred Name:</b> _____
<b>Marital Status:</b> S M D W	<b>Birthdate:</b> _____	<b>SS#:</b> -     -
<b>Mailing Address:</b> _____		
<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____
<b>Home #:</b> _____	<b>Cell #:</b> _____	
Would you like text reminders of your appointments? <b>YES</b> or <b>NO</b> If yes, your cell phone carrier is: Please circle one: AT&T / MetroPCS / T-Mobile / Sprint / Verizon / Other _____		
<b>Email:</b> _____		
<b>Emergency Contact:</b>		
Name: _____ Relationship: _____		
Phone: _____		
<b>Primary Insurance:</b> _____ <b>Subscriber:</b> _____ <b>Birthdate:</b> _____		
<b>Secondary Insurance (if applicable):</b> _____		
<b>Employer:</b> _____ <b>Work Phone:</b> _____		
Address: _____		
City: _____ State: _____ Zip: _____		
<b>Reason for visit:</b> _____ <b>Work Comp:</b> YES or NO		
Date of injury (if applicable) _____ Date of surgery (if applicable) _____		
Treating Physician: _____		
<b>Were you involved in a motor vehicle accident?</b> YES or NO / State: _____ / Date of accident: _____		
Do you have an attorney representing you due to an accident? YES or NO		
<b>Have you had any Physical Therapy or Chiropractic this year?</b> YES or NO, # of visits? _____		
Where: _____		
<b>How did you hear about us?</b> _____		
<b>Do you have any of the following?</b>		
Sensitivity to heat or ice?	Yes / No	Previous Related Surgery? Yes / No
Osteoporosis	Yes / No	Metal Implants/Hardware Yes / No
Cardio pulmonary disease	Yes / No	Pacemaker Yes / No
Diabetes	Yes / No	Other: _____ Yes / No
I authorize payment directly to Shasta Physical Therapy for the benefits payable for regular charges for this treatment. I understand that I am responsible for charges not covered by my insurance. I hereby authorize Shasta Physical Therapy to release or receive any medical records pertinent to medical history for review, investigation or evaluation of an application or any purpose reasonable to the above.		
<b>Signature:</b> _____		