FAIRFAX FAMILY PHYSICAL THERAPY, P.C. – CLIENT INFORMATION

Patient Name: Last____________________________ **First:** ________________________________ **MI** ______

Mailing Address: ________________________________**City:** ______________________**Zip** Code_________

Birth Date: _____________ **Preferred Pronoun**: He/Him She/Her They/Them **Marital Status**: S/M/W/D
Gender: Male/Female

Employer/Occupation: ________________ **Home Phone**: ________________
Cell Phone: __________________

Work: Full Time/Part Time/Retired/Not Employed **Email Address**: ____________________________

EMERGENCY CONTACT ____________________________ **Phone Number:** _____________________

AUTO REMINDERS: **EMAIL** _____ **TEXT** _____ **CALL** _____

Have you received physical therapy/occupational therapy/chiropractic services in the past year? Yes/No
Are you receiving any home health services or are in Cardiac or Pulmonary Rehabilitation? Yes/No
Do you have an attorney for this injury? Yes/No

INSURANCE INFORMATION

Subscriber:______________________ **Relation to patient**: Self_____ Spouse_____Parent_____Other____

Subscriber Birth Date:_______________ **Subscriber Employer:**____________________________________

Primary Insurance Company Name: ____

Insurance Company Address: ____

Insurance Company Phone: ____

Policy/Claim# _______________________________ **Group Number** ________________________

Deductible____________ **Amount of Deductible Met** ___________

Out of Pocket: _________ **Out of Pocket Met/As of Date**: _______/_______ **Co-Ins %** _____ **Co-Pay** _____

Max Visits Allowed:_____________ **Amount already used/As of Date**: _______________

PHYSICIAN INFORMATION

Referring Physician: _______________________________ **Office:** ______________________________

Diagnosis: ____ **Date of Onset**: ________________________

Primary Care Physician: _____________________________ **Office**: ______________________________

Patient/Guardian Signature: _____________________________________ **Date**: __________________

****Reminder to dress in appropriate attire for your evaluation****