

General Demographics

PERSONAL DEMOGRAPHICS

Patient Name: Last: _____ First: _____ MI: _____

Date of Birth: _____ Gender: Male Female

Street Address: _____
City: _____ State: _____ Zip: _____

Cell Phone #: _____ Other Phone #: _____

Email: _____

Appointment Reminders Can Be Sent via: Text(Default) Email

Occupation: _____ Currently Working: Yes No Full-Time Part-Time Light Duty

Emergency Contact #: _____ Name/Relationship: _____

How Did You Find Our Practice?

- I was a Previous Patient Word of Mouth BeneFITpt Website Facebook Twitter Instagram
 Google/Search Engine Phone Book Your Insurance Doctor Recommended
 Other _____

Who Can We Thank for Referring You?: _____

We would like to give you a BeneFIT PT welcome packet which includes a T-shirt: S M L XL XXL

DOCTOR DEMOGRAPHICS

Direct Access Patient (You Did Not See a Doctor Before Coming In For PT): Yes No, I Saw a Doctor First

Referring Doctor: _____ Office #: _____ Fax #: _____
Address: _____

Next Scheduled Doctor Visit: _____

Primary Doctor: _____ Office #: _____ Fax #: _____

INSURANCE INFORMATION

Primary Insurance: _____ Member ID#: _____

Is Patient Policy Holder: Yes No If No, Name of Policy Holder: _____

Policy Holder DOB: _____ Relationship to Patient: _____

Secondary Insurance: _____ Member ID#: _____

Is Patient Policy Holder: Yes No If No, Name of Policy Holder: _____

Policy Holder DOB: _____ Relationship to Patient: _____

Is your injury related to an accident? Yes No

If Yes, Is it: Work Related Auto Accident. Date of Incident/Accident: _____

Insurance Carrier: _____

Policy #: _____ Claim #: _____

Claim Adjuster Name: _____ Phone #: _____

Signature: _____ Date: _____

(Parent or Guardian if Patient is a Minor)