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| **Therapeutic Dynamics**Providing excellence in Orthopedic Manual Physical Therapy.1810 Peachtree Industrial Boulevard • Suite 130 • Duluth, GA 30097• Ph: (770) 232-7100 • Fax: (770)232-7198 theradyn@bellsouth.net |

 NEW PATIENT INFORMATION SHEET

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| Account#: **D** |
| **Referring Physician:** | **Primary Care Physician:** |
| **Next appointment with your referring Physician:** |
|  Diagnosis and ICD-9 codes: | Date of first appointment:  | Time: |
| Patient First Name:  | Middle Name: | Last Name: |
| DOB: | SS#: | Sex : [ ] M [ ] F  | Age: |
| **e-mail address:**  |  |
| How did you hear about our clinic? | Marital Status:  [ ]  M [ ]  S [ ]  W [ ]  D |
| Mailing Address: | City: | State:**GA** | Zip Code: |
| Home Phone:**(****)**  | Cell Phone:**(****)** | Work Phone:**(****)**  |
| Employer Name: | Work Address: |
| Emergency contact: | Relationship: | Phone #:**(****)**  |
| Parent/ Legal Guardian: | Responsible Party:**Self**   |
| Is your condition related to an auto accident or a work related injury?  | Date symptoms began: \_\_\_\_\_\_\_\_\_\_\_Date of injury:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Have you had PT this year**?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Office use:** Medicare Cap Amount used: \_\_\_\_\_\_\_ | **Office use:** Date Medicare cap checked:  By:Does secondary cover after Medicare cap used? |
| Primary /Secondary Insurance Company :  | Insurance Phone # :  |
| Patient Relationship : [x] Self [ ] Spouse [ ] Child [ ] Other |
| Insured first Name: | Middle Name:  | Last Name: |
| DOB of Insured: | SS# of insured: | Sex  [ ] M [ ] F |
| Policy/ID#: | Group #: |