

Health-Pro Physical Therapy, Inc.

110 La Casa Via, Suite 100, Walnut Creek, CA 94598 1333 Willow Pass Road, Suite 110, Concord, CA 94520

Phone: 925-935-4866 Fax: 925-935-8873

www.HealthProPT.com info@HealthProPT.com

PLEASE PRINT

Today's Date: _____

Patient's Name _____		Home #:(____) _____	
E:mail Address _____		Cell #:(____) _____	
Address: _____		Date of Birth: ____/____/____	
City: _____	State: _____	Zip: _____	SS#: _____
Marital Status:(please circle) Single Married Widowed Divorced Separated			
Age: _____	Sex: _____	Employed _____	F/T student _____ P/T student _____
Employer: _____		Occupation: _____	
Address: _____		Phone: (____) _____	
City: _____	State: _____	Zip: _____	
Emergency contact: _____		Relationship: _____	
Phone: (____) _____		Address: _____	

Reason for Therapy: (please circle)	Work	Auto	Home	Other (Explain)
Date of Injury: ____/____/____	Body Part involved: _____			

Referring Doctor: _____	Diagnosis: _____
Doctor Address: _____	Phone: _____
Date of Surgery: (if applicable) _____	Type of Surgery: _____

Insurance Company Name _____
Policy Holder if different from patient: _____

How did you hear about Health-Pro Physical Therapy? _____

If referred by an individual, may we thank him or her? Yes No (Name/Phone #) _____

How did you find our phone number? _____

I certify that the above information is true and correct to the best of my knowledge.

I will notify this office of any changes in my status or the above information.

I understand that 24 hour notice is required for cancellation of appointments.

I understand that there will be a \$75 charge for missed appointments without prior notice, or late cancels.

I acknowledge that I have reviewed and been offered copies of the clinic's privacy notice and policies

I understand that by signing this form I am accepting financial responsibility as explained for all payment for products/services received. I understand my financial responsibility as a patient.

Signature: _____ Date: _____

Please give your insurance card(s) (if applicable) and photo ID to the receptionist so we can make a copy for your file.