

Welcome to the Bradley Physical Therapy Clinic

Patient Name:	
Address:	
Phone:	
E-Mail address:	
Age:	Birthdate:
Height:	Weight:
Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Check one: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed	
Social Security #:	
In case of emergency, notify:	
Name:	
Phone:	
Area of Pain:	
Is your pain due to an injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of Injury:	
Check the place that the injury occurred	
<input type="checkbox"/> Work <input type="checkbox"/> Auto <input type="checkbox"/> Home <input type="checkbox"/> Other	
Have you been off work?	
Since what date?	
Occupation:	
Name of Employer:	
Address:	
Phone:	

Referring Physician:
Date of Last Appointment:
Date of Next Appointment:
Family Doctor:
Check the insurance to be billed:
<input type="checkbox"/> Comp <input type="checkbox"/> Auto <input type="checkbox"/> Medicare
<input type="checkbox"/> Major Medical <input type="checkbox"/> Other _____
Name of Insurance:
Address:
Phone:
Whose name is the insurance under?
What is their relationship to you?
<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Other _____
ID or Claim #
Group #
Assignment and Authorization
<p>I hereby authorize and assign direct payment to Bradley Physical Therapy Clinic, Inc. of all fees paid for services rendered. I hereby authorize Bradley Physical Therapy Clinic, Inc. to furnish information to insurance and doctors concerning my illness and treatment.</p>
Please sign and date below. Thank you!
Sign _____
Date _____