



Tax ID: 26-2478695 NPI(WSS): 1871743526 NPI(SM): 1982659686 NPI(KW): 1093823072

Patient Information

Patient Name _____ Birthdate _____ Age _____

Address _____ City _____ State _____ Zip _____

Physical address if using a P.O. Box _____

Home Phone _____ Work Phone _____ Cell _____

Email _____ SS# _____

Would you like to receive appointment reminders via email or text message? _____

If text msg, please provide cell phone carrier _____

Marital Status _____ Employer _____ Occupation _____

Emergency Contact/Relationship (required) _____ Phone _____

Whom may we thank for referring you to our office? (please list the physician and/or name of the person who referred you to Washougal Sport & Spine)

How did you hear about Washougal Sport & Spine? Internet / Newspaper ad / Other _____

Previous Therapy/Treatment

Have you received physical therapy, occupational therapy, speech therapy, or massage therapy within the current calendar year? No Yes (circle all that apply: PT OT ST MT)

If so, approx how many visits? _____

Private Insurance

(Please give insurance card and photo ID to the front desk to make a copy. Thank you!)

Primary Insurance Co. _____ ID# _____ Group # _____

Subscriber Name _____ Date of Birth _____

Secondary Ins. Co. _____ ID# _____ Group # _____

Subscriber Name _____ Date of Birth _____

If **MEDICARE** is your secondary and you are under the age of 65, please explain: _____

Responsible Party

If someone other than the patient is responsible for payment, please complete the following:

Name of Responsible Party _____ Relationship to Patient _____

Address _____ Home Phone _____

Employer _____ Work Phone _____