washougal sport&spine
PHYSICAL THERAPY

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#_____

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)

_____

Primary Care Physician_____

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_____

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_____