OPTIMAL
PHYSICAL THERAPY

(1)Patient Info:
First name: _____
Middle initial: _____ Last name: _____
Gender: ☐ Male ☐ Female
Date of birth (MM/DD/YYYY): ____/____/_____
Social Security # : _____-____-_____
Please circle phone type: Home | Cell
Primary Phone: (____) _____-_____
E-mail:_____
Would you like to receive appointment reminders?
☐ No
☐ Yes → ☐ Email ☐ Phone call ☐ Text Message
Marital status:
☐ Single ☐ Married ☐ Divorced
Employer name: _____
_____

(2)Billing Address:
Street: _____
_____
City: _____State:_____
Zip code: _____

(3)Emergency Contact Information:
Name: _____
Primary phone: _____
Relation to patient: _____

(4)Insurance:
Are you utilizing insurance? ☐ Yes ☐ No
Are you the account holder? ☐ Yes ☐ No
Are you on someone else's insurance? ☐ Yes ☐ No
If yes, please provide the following information:
Name: _____
Date of birth: ____/____/_____
Address: _____

(5)Worker's Compensation Patients:
Claim number: _____
Employer: _____
Employer Address
Street: _____
_____
City: _____State:_____
Zip: _____
Phone Number: _____
Date of injury associated with claim: _____

(6)Reason(s) for Treatment:
Area/Part of body: _____
Cause of injury or pain: _____
Date of injury: _____

(7)Referring Physician:
_____

(8)Medical History:

☐ Arthritis	☐ Osteoporosis
☐ Osteoarthritis	☐ Diabetes (Type II)
☐ Rheumatoid Arthritis	☐ High blood pressure
☐ Hepatitis	☐ HIV / Aids
☐ MRSA	☐ Head Injury/TBI
☐ Concussion	☐ Asthma
☐ Stroke	☐ Cardiovascular (heart) disease

Other past medical history:
_____
_____
_____
Are you or could you be pregnant?
☐ Yes ☐ No
History of cancer?
☐ Yes ☐ No
Year(s):_____
Type(s):_____

(9)Surgical History:
_____
_____
_____

(10)Medications/Allergies:
Current medication(s): _____
_____
_____
Please list all known allergies: _____
_____

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I, _____
have been offered or received a copy of the “Notice of Privacy Practices” from Optimal Physical Therapy, LLC or a designated affiliate.

I acknowledge by signing this form I am stating that I am aware of and understand the content of the privacy practices.

Signature: _____

Date: _____