PHYSIOTHERAPY
Active Rehab

EXTENDED HEALTH

PATIENT INFORMATION

Today's Date _____   Date of Birth (mm ___ dd ___ yyyy ____)

Name (Last) _____(First) _____

Street Address _____

City _____ Postal Code _____

Phone # (home) _____(cell #)_____(work #) _____

Emergency Contact: (name) _____(phone #) _____

Email : _____

FAMILY PHYSICIAN

Name _____   Phone # _____

EMPLOYER INFORMATION

Company Name _____ Occupation _____

EXTENDED HEALTH CARE INFORMATION

1ST Insurance company name _____

Policy # _____ Id #_____

Policy holder name _____ Date of Birth _____

2nd Insurance company name _____

Policy # _____ Id #_____

Policy holder name _____ Date of Birth _____

I am covered under only one insurance policy ____   Signature _____

I am covered under a secondary insurance policy ____Signature_____

For Office Use Only

1st- PHYSIO :   **MASSAGE :**   **ORTHOTICS :** (Dispensed by Physio?_____)   **TENS:**

Yr Max-_____   Yr Max-_____   **INSERTS:** _____   **SHOES:** _____   Yr Max-_____

Visit Max-_____   Visit Max-_____   Max per yr-_____   Max per yr-_____   %-_____

%-_____   %-_____   %-_____   %-_____   Doc Ref-_____

Doc Ref -_____   Doc Ref-_____   Doc Ref-_____   Doc Ref-_____   Estimate-_____

Validity -_____   Validity-_____   Validity-_____   Validity-_____   Validity-_____

DEDUCTIBLE: **DIR PAY:**   **BEN YR:**   **SUB EXP:**   **MAILING ADDRESS:**   **SPOKETO/TIME/DATE:**

Ind____ Fam____   Y___N___   _____   _____   _____   _____

2nd-PHYSIO :   **MASSAGE :**   **ORTHOTICS :** (Dispensed by Physio?_____)   **TENS:**

Yr Max-_____   Yr Max-_____   **INSERTS:** _____   **SHOES:** _____   Yr Max-_____

Visit Max-_____   Visit Max-_____   Max per yr-_____   Max per yr-_____   %-_____

%-_____   %-_____   %-_____   %-_____   Doc Ref-_____

Doc Ref -_____   Doc Ref-_____   Doc Ref-_____   Doc Ref-_____   Estimate-_____

Validity -_____   Validity-_____   Validity-_____   Validity-_____   Validity-_____

DEDUCTIBLE: **DIR PAY:**   **BEN YR:**   **SUB EXP:**   **MAILING ADDRESS:**   **SPOKETO/TIME/DATE:**

Ind____ Fam____   Y___N___   _____   _____   _____   _____