



4110 N 108th Ave, Suite103, Phoenix, AZ 85037
Phone: (623) 877-9915 Fax: (623) 877-1550
www.CompletePT.net

PATIENT INFORMATION

Name: _____ Birth date: _____
Home Phone: _____ Social Security: _____
Address: _____
E-mail address: _____
Sex: Male Female Marital Status: Married Single Widowed Divorced
In an emergency please contact: _____
Phone: _____ Relationship: _____

PRIMARY INSURANCE INFORMATION

Insurance Company: _____ ID #: _____

ADDITIONAL INSURANCE

Do you have additional insurance coverage? Yes No

Insurance Company: _____ ID # _____

For industrial/ workers compensation cases only: Date of injury: _____

Occupation: _____

Work status: Full Time, Part Time, Light Duty, Transitional Duty, Out of Work, Retired

Duty Level: Sedentary, Light, Medium, Heavy, Very Heavy

Out of Work Since: _____ Return to Work date: _____

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize Complete Physical Therapy Inc. to release any information acquired in the course of my examination or treatment to my doctor and my insurance company only.

Patient or Legal Guardian's Signature

Date

FINANCIAL AGREEMENT

I hereby authorize payment of medical benefits directly to Complete Physical Therapy Inc. and I understand that I am financially responsible for the charges not covered by this authorization or in the event of an industrial denial.

Patient or Legal Guardian's Signature

Date