



Patient Intake Form

Date: _____

Patient Information	Patient Phone:
Patient Name:	Birth Date:
Visited PT or Chiropractic Facility Y or N	Gender:
Address:	City:
State:	Zip Code:
Date of Injury:	Email Address:
Condition Related to: <input type="checkbox"/> Employment <input type="checkbox"/> Auto	Home Health: Y or N DC Date _____ Agency _____
Emergency Contact Name:	Phone Number:

Referral Information	
Referring Physician	Reason Referred:
Date Scheduled	Right or Left Right <input type="checkbox"/> Left <input type="checkbox"/>

Primary Insurance	
Insurance Name:	Insurance ID:
Insured's Name:	Insured's Address:
Insured's Phone:	Insured's DOB:
Insured's Gender:	Insured's Employer:
Relationship to Insured:	Network Status:
Effective Date: _____ Termination Date: _____	Number of Visits Allowed ____ Used ____ HH Count? Y or N
Calendar Year _____ to _____	Coinsurance %
Copay Required Yes <input type="checkbox"/> No <input type="checkbox"/> Amount \$ _____	Deductible Met to Date \$ _____
Deductible \$	Out of Pocket Met \$ _____ Copay Still Due? Y or N
Out of Pocket \$	Medical Cap Limit \$ _____
Preauth Required Yes <input type="checkbox"/> No <input type="checkbox"/> Authorization #	OT or Speech Y or N Chiropractic Y or N
Insurance Billing Address _____ (Address)	____ (City) _____ (State) _____ (Zip)
PreAuth Notes/Instructions	

Secondary Insurance	
Insurance Name:	Insurance ID:
Insured's Name:	Insured's Address:
Insured's Phone:	Insured's DOB:
Insured's Gender:	Insured's Employer:
Relationship to Insured:	Network Status:
Effective Date: _____	Number of Visits Allowed ____ Used ____ HH Count? Y or N
Calendar Year _____ to _____	Coinsurance %
Copay Required Yes <input type="checkbox"/> No <input type="checkbox"/> Amount \$ _____	Deductible Met to Date \$ _____
Deductible \$	Out of Pocket Met \$ _____ Copay Still Due? Y or N
Out of Pocket \$	Medical Cap Limit \$ _____
Preauth Required Yes <input type="checkbox"/> No <input type="checkbox"/> Authorization #	OT or Speech Y or N Chiropractic Y or N
Insurance Billing Address _____ (Address)	____ (City) _____ (State) _____ (Zip)
PreAuth Notes/Instructions	