

Demographic Intake Form (Please print)

Patient information:

First name: _____ MI: _____ Last Name: _____

Nickname (Alias): _____ Gender: ☐ Male ☐ Female

DOB: _____ SS#: _____ - _____ - _____

Mailing Address: _____

City/State/Zip _____ / _____ / _____

We use an Automatic Dialing/Messaging System to send reminder notifications of your appointments. By selecting a box below, you are consenting to receive emails, phone calls or texts at the email address or phone number provided. If using a wireless service, your carrier may charge you for such calls. You may opt out of this service at any time by notifying our office.

☐ Please do not remind me of appts.

Reminder Preference: Please choose only one - but fill out info for all.

☐ Email: _____

☐ Home phone: _____

☐ Cell phone: ☐ TEXT or ☐ CALL _____

Work phone: _____ Ext: _____

Parent/Guardian/Guarantor Information (if different than patient):

First name: _____ MI: _____ Last Name: _____

Relationship to patient: _____

Address: _____

City/State/Zip _____ / _____ / _____

Emergency Contact:

Name: _____

Relationship to patient: _____ Phone #: _____

Photo Consent (signature):

There might be times that we ask to take a photo/video of you to document your progress or for marketing purposes. Your signature permits us to use photographs/videotapes for treatment and/or marketing purposes. It also releases us from any responsibility which may result from the taking of such images or any publicity which may result from the use of such images.

Get Better Faster.....Stay Better Longer!

Artesia Physical Therapy, LLC