



For official use only:
Physical Therapist

Diagnosis Code(s):

1342 S. Pioneer Way, Moses Lake, WA 98837 • Phone 1-509-765-9608 • FAX 1-509-766-0481
E-mail Address: moseslake@columbiapt.net

Patient's Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
City: _____ State: _____ Zip: _____ E-mail: _____
Date of Birth: _____ ☐ Male ☐ Female SSN: _____
Employer: _____ ☐ Student Work Phone: _____
Employer's Address: _____ City: _____ State: _____ ZIP: _____
Referring Physician: _____ Physician's Address: _____
City: _____ State: _____ Zip: _____ Phone #: _____
If Married: Spouse's Name: _____ Employer: _____
Cell Phone : _____ Work Phone: _____

PLEASE COMPLETE IF PATIENT IS A MINOR:

Mother/Guardian's name: _____ Address: _____
City: _____ State: _____ Zip: _____ DOB: _____
Employer: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Father/Guardian's name: _____ Address: _____
City: _____ State: _____ Zip: _____ DOB: _____
Employer: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____
Emergency Contact Name: _____ Phone: _____

I authorize Columbia Physical Therapy, Inc. P.S. to use and disclose health and medical information for the purposes of treatment, payment and health care operations. Under all circumstances I assume final responsibility for my account understanding that in the event my account becomes delinquent, I agree to pay accrued finance charges, court costs and attorney fees. I consent to physical therapy services prescribed by any physician. I authorize payment of medical benefits by my insurance company to Columbia Physical Therapy, Inc. PS, for services rendered. I have received this practice's Notice of Privacy Practices written in plain language.

Signature: _____ **Date:** _____

Authorization for Release of Information: I authorize release of medical information to the person(s) named below:

All Medical and Billing Information

Appointment Information only

☐☐

Please Print Name of Person

Relationship

Please Print Name of Person

Relationship

Please Print Name of Person

Relationship

Signature

Date