



For official use only:
Physical Therapist

Diagnosis Code(s):

604 Ninth St. P.O. Box 840, Benton City, WA 99320 • Phone 509-588-2924 • FAX 509-588-4564

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:** _____

Insurance Information

Primary

Address _____
Subscriber Name _____
Membership Number _____
Group Number _____

Secondary

Address _____
Subscriber Name _____
Membership Number _____
Group Number _____

Date of Injury _____
Claim Number _____
___ Job ___ Auto ___ Accidental

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:** _____