

Total Rehab-Orthopedic & Sports Specialist
Southview Plaza St. #4; 234 West Street South
Grinnell, IA 50112 Phone: 641-236-4506 Fax: 641-236-4316

INTAKE FORM

I. Patient Information

Patient Name: First _____ M.I. _____ Last: _____
Street Address: _____ City _____
State _____ Zip _____ Email Address: _____
☐ Please check here if you desire to not receive program updates from Total Rehab
Phone #: Home _____ Work _____ Cell _____
Social Security Number _____ Date of Birth: _____ Sex: Male/ Female
Employer _____ Employer Phone No. _____
Employer Address _____
Employment Status (Full-time, Part-time, etc) _____ Occupation _____
Student Status (Non-student, Full-time, Part-time) _____

II. Insured Information (if insurance coverage individual is other than the Patient listed above)

Name _____ S.S# _____ Date of Birth: _____
Employer _____ Occupation _____ Work Phone _____

II. Billing Address (if different than Patient information listed above)

Name _____ Street Address _____
City _____ State _____ Zip _____

III. Workman Compensation Information (if applicable)

Employer Contact _____ Phone: _____
Case Manager _____ Phone: _____
Date of Injury: _____ Claim # _____

Office Use Only:

Diagnosis: 1) _____, 2) _____, 3) _____, 4) _____

Physician: _____ Date of Referral: _____ Initial Date of Service: _____

PT _____ and/or OT _____