Physical Therapy Central, Inc.
New Patient Form

Physical Therapy Central, Inc
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Norman, OK 73069

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Patient Information

Patient Name: _____
(First) (M.I.) (Last)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Age: _____ SS#: _____ Birth Date: _____

Male Female **(if under 18, complete guarantor form)**

Marital Status: _____ Spouse: _____

Employer: _____ Work Phone: _____

Physician Referring: _____ How did you hear about us? _____

Emergency Contact: _____ Relation: _____ Phone: _____

1. What is your chief complaint / area of **pain**?_____
   What date did the problem begin? _____

2. Is your condition related to an **Accident** in which are holding someone else responsible? **Y** **N**
   What type of accident was it?_____
   Date of Accident:_____

3. Have you had any other **Physical Therapy** or Chiropractic this year? **Y** **N**
   How Many Visits?_____

4. Have you had any **Home Health** Services this year? **Y** **N**
   By Whom:_____

OFFICE USE ONLY

Primary Insurance:_____ **Secondary Insurance:**_____

Appointment Time:_____ Date:_____ With:_____

E-Mail Address:_____

Confirmation Sent: **Date:**_____ **Initials**:_____

Authorization

I authorize Physical Therapy Central, INC to release any information acquired in the course of my treatment necessary to process insurance claims or to discuss my treatment with other practitioners.

I authorize benefits to be paid on my behalf to Physical Therapy Central, INC for physical therapy treatment.

I am aware that I am responsible for deductibles, co insurances and any non covered services.

Patient Signature _____ Date: _____

Privacy Notice

By signing this form, I acknowledge that PTC, INC has provided me with a copy of its' Privacy Notice, which explains how my health information will be handled in various situations.

I understand that I may discuss my concerns and or any questions I have concerning this Privacy Notice with the PTC, INC representatives.

Patient Signature _____ Date _____

Email Information

We would like to have your Email Address so that we may send you our Monthly Newsletter.

If you don't have an Email Address or you would rather not provide it to us; please specify below:

Email Address: _____