

Patient Intake Demographic Sheet

Date completed: _____

Appt Date/Time: _____

PT: _____

First Name: _____ M.I. _____ Last Name: _____
DOB: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F SS# _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Address: _____
Email: _____ Emergency Contact: _____ Phone: _____

Employment: <input type="checkbox"/> FT <input type="checkbox"/> P/T <input type="checkbox"/> NA <input type="checkbox"/> Student <input type="checkbox"/> Retired Occupation: _____
Name of Employer/School: _____

Referring /Primary Care Physician: _____ Phone: _____ <input type="checkbox"/> New <input type="checkbox"/> Optimis
Medical Group: _____ Fax: _____
Address: _____
Specialty: _____ Credentials: _____ NPI: _____
Whom may we thank for referring you to our office? _____
DX/Chief Complaint: _____
Did you have surgery? <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____ Date of Onset: _____
How did injury occur: <input type="checkbox"/> MVA <input type="checkbox"/> WC Injury <input type="checkbox"/> Other: _____ Date: _____
Have you had/are you having home health care? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Discharge: _____
Have you previously had physical therapy for this diagnosis? <input type="checkbox"/> Yes <input type="checkbox"/> No #Visits/Details: _____

MVA / Worker Compensation: Claim #: _____
WC or Auto (PIP) Insurance Company: _____
Adjuster/Case Manager Name: _____ Phone: _____
Claims Mailing Address: _____ Fax: _____

INSURANCE COVERAGE No insurance / Prompt Pay

PRIMARY Insurance Company: _____
ID#: _____ Group#: _____ Effective Date: _____
Subscriber Name: _____ Relationship: _____ DOB: _____
Insured Party Employer: _____ Insured SSN: _____
Claim Address: _____ Phone: _____

SECONDARY Insurance Company: _____
ID#: _____ Group#: _____ Effective Date: _____
Subscriber Name: _____ Relationship: _____ DOB: _____
Insured Party Employer: _____ Insured SSN: _____
Claim Address: _____ Phone: _____

(Initial as Complete) Intake: _____ Optimis: _____ InsVer: _____ Chart: _____ 2016 MDCR 1951