



Alternative Back Care

PHYSICAL THERAPY *Achieving relief one back at a time*

New Patient Information Sheet

Directions: Print out New Patient Information Sheet, fill it out, and bring it with you to your first appointment or mail it to ABC Physical Therapy 3502 South 12th Street, Suite B, Tacoma, Washington

Date _____ Referred by Doctor: _____ Yellow Pages Friend Other: _____

Patient Information

Name of Patient: _____ Marital Status: S M D W

Address: _____ How long? _____

City: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

Date Of Birth: _____ Patient's Sex: M F Patient's Social Security # _____

Employer: _____ How Long? _____ Occupation _____

If Married, Spouse's Name: _____ Spouse's Social Security # _____

Spouse's Employer: _____ Occupation: _____ Work Telephone: _____

List any medications you are currently taking: _____

Primary Insurance

Secondary Insurance

Name of Insured:	Relationship to Patient:	Name of Insured:	Relationship to Patient:
Birth Date:	Employer:	Birth Date:	Employer:
Insurance Company/ Auto Carrier:		Insurance Company/ Auto Carrier:	
ID Number:	Group Number	ID Number:	Group Number
Insurance Claims Adjuster/ Phone Number		Insurance Claims Adjuster/ Phone Number	

Person To Call In Case Of Emergency

Name:	Address:	Phone:	Relationship
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Although services may be covered by insurance, I understand I am fully responsible for payment for care I receive. I understand an administrative service charge of 1% compounded or \$1.50 per month, whichever is greater, will be charged on all unpaid balances. I authorize payment of medical benefits to my physician for services rendered. I authorize the doctor or insurance to release any information required for services rendered by this office. I give ABC PT permission to use a collection service, if by chance my account is 90 days over do.

Signed: _____ Dated: _____