TaylorRehab
physical therapy

Patient Information Form

Name:_____ **S.S.#**_____
Last Name, First Name M.I.

Address:_____

City:_____ **State:**_____ **Zip Code:**_____

Phone: _____ _____ _____
Home Work Cell

Sex: ☐ Male ☐ Female **Age:**_____ **Birthdate:**_____

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

Patient Occupation:_____ **Employer:**_____

Business Address:_____

Emergency Contact in Case of an Emergency:

Name:_____ **Phone:**_____

Referring Physician:_____ **Date of Last Visit:**_____

Reason for Today's Appointment:_____

_____

_____

_____

Date of Injury / Onset of Illness:_____

Current Medications:_____

_____

Medical History: (Please include surgeries, heart condition, diabetes, etc.)_____

_____

_____

Whom May we thank for this referral?: (i.e. Physician referral, friend, website, newspaper add, etc)_____

I, the undersigned (or my dependant), certify that I have insurance coverage with_____
Name of Insurance Company(ies)

and assign directly to Taylor Rehab Inc. All insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid for by insurance. I hereby authorize Taylor Rehab to release all information necessary to secure payment of benefits. I authorize the use of this signature on all insurance submissions.

_____ _____
Signature of Responsible Party Relationship to Patient Date

114 Welton Way, Suite B, Mooresville, NC 28117 | Phone: 704-660-6551 | Fax: 704-660-9894

167 Gateway Boulevard, Mooresville, NC 28117 | Phone: 704-658-1095 | Fax: 704-658-1097