ALL IN Sports Orthopedics Spine Physical Therapy

Patient Information

Date: ___ / ___ / ______

Patient Name: ______________________ Date of Birth: __ / __ / _____ Age: _____

Address: ____
Street City State Zip Code

Home Phone # (   ) __________________ Cell # (   ) ______________

Employer: ________________________ Work Phone # (   ) ______________

Marital Status: ☐ Single ☐ Married Sex: ☐ Female ☐ Male

If married, spouse's name: __________________ Employer: ________________

Emergency Contact: __________________ Relationship: ________________

Home # (   )___________ Cell # (   ) ___________ Work # (   )___________

Is there anyone we can discuss your care or billing with? Who: ________________

Relation to you:____________________ Phone: (   ) ________________

Insurance Information

Primary Insurance

Insurance Carrier: ____________________

Subscriber Name: ____________________

Relation to Patient: __________________

Policy Number: _____________________

Group Number: _____________________

Insured's DOB: _____________________

Secondary Insurance

Insurance Carrier:_________________

Subscriber Name: _________________

Relation to Patient: _______________

Policy Number: __________________

Group Number: __________________

Insured's DOB : __________________

If Worker's Compensation Social Security Number or Claim Number: ____________________

If Auto Injury claim number: ____________________________

Physician(s) Information

Referring Physician: ____________________ Phone # (   ) ________________

Primary Care Physician: __________________ Phone # (   ) ________________

How did you hear about us: ☐ Internet ☐ Physician ☐ Other: ________________

Thank you for entrusting All In Physical Therapy with your care. We would like to make this the best experience we can. Being human,we may not always be perfect, and if you see an opportunity that could better your experience please let us know.

Your All In Physical Therapy Team

Therapists: Jason Allred, DPT & Angeline Petersen, DPT Administrator: Jim Burnett, CPC