NATURE COAST PHYSICAL THERAPY & REHAB

3787 E. Gulf to Lake Hwy., Inverness, FL 34453
Phone: (352) 341-1101 Fax: (352) 726-7582

3777 N. Lecanto Hwy., Beverly Hills, FL 34465
Phone: (352) 527-3337 Fax: (352) 527-3389

PATIENT INFORMATION SHEET

Today's date:_____ Referring Physician: _____

Which body part is requiring physical therapy? _____

Have you had recent surgery? _____ Yes___No Have you had physical therapy this year? _____Yes_____ No

Have you had home health in the last 30 days? ____ Yes____No If yes, when were you discharged?_____

Is this treatment related to an auto accident? ____ Yes____No Worker's Comp? ____ Yes____No

Next follow-up appointment with referring physician:_____

Patient Name: _____Gender:_____DOB:_____

Address:_____

_____

City State Zip Code

Home Phone:_____ Cell Phone:_____ Work Phone:_____

Social Security #:_____ Email:_____

Primary Physician:_____ Phone: _____

Spouse's Name:_____ Work Phone:_____

Nearest friend not living with you:_____

Name Phone

Who can we contact in an emergency?_____

Name Phone

Primary Insurance:_____ ID#_____ Group#_____

Name of insured:_____DOB:_____

Secondary Insurance:_____ ID#_____ Group#_____

Name of insured:_____DOB:_____

If self-pay/co-pay, how will payment be made today? _____Cash _____Check _____ Credit Card/Debit Card

FOR OFFICE USE ONLY

Appointment Date:_____ Initials:_____

Appointment Location:_____Inverness _____Beverly Hills

If appointment not made within 48 hours – Why: _____

REV 6/13