INNOVATIVE
PHYSICAL THERAPY

Date_____

Name_____ Sex_____

Date of Birth_____ Age_____

Address_____

_____

Phone (H)_____ (W)_____(C)_____

Email Address_____

Marital Status: S M W D

Occupation/Employer_____

Referring Physician and/or Referral Source_____

Diagnosis_____

Primary Care Physician_____

Insurance Provider _____Secondary?_____

Emergency Contact_____Relationship to patient_____

Phone (home)_____ (work or cell)_____

ALL PHYSICAL THERAPY SERVICES RENDERED WILL BE BILLED TO THE PATIENT'S INSURANCE COMPANY IF APPLICABLE. ANY CHARGES NOT COVERED BY THE INSURANCE COMPANY ARE CHARGED TO THE PATIENT. RECEIPTS WILL BE PROVIDED UPON REQUEST AND MAY BE SUBMITTED BY THE PATIENT FOR APPROVAL TO HEALTH SAVINGS ACCOUNTS. THE PATIENT IS RESPONSIBLE FOR ALL FEES.

_____
PATIENT SIGNATURE (OR RESPONSIBLE PARTY)

Dr. Lauren Crigler, DPT
Physical Therapist • Innovative Physical Therapy
3119 Sandhurst Drive • Woodstock, GA • Phone: 678-439-1934