RIVERSIDE PHYSICAL THERAPY

☐ 1701 NW Hawthorne Ave, Ste 103
Grants Pass, OR 97526
541-476-2502

☐ 218 N. Redwood Hwy
Cave Junction, OR 97523
541-592-6580

☐ 300 Pacific Ave
Glendale, OR 97442
541-832-2765

☐ 415 S. Main St
Canyonville, OR 97417
541-839-4998

☐ 544 Union Ave
Grants Pass, OR 97527
541-955-0940

PLEASE FILL OUT COMPLETE FORM

Last:_____First:_____ MI:_____
PO Box_____ City:_____ State:_____ Zip:_____
Address:_____ City:_____ State:_____ Zip:_____
Date of Birth:_____ [ ] Male [ ] Female Email Address:_____
Phone:_____ Social Security:_____Drivers License#:_____
Cell Phone:_____ [ ] Married [ ] Single [ ] Widowed [ ] Divorce
Primary Dr.:_____Referring Dr.:_____
Employer:_____Phone #:_____
Address:_____City:_____Zip:_____
What are you being treated for here today?_____ Next Dr. Appt.:_____
Have you ever been treated by a Home Health or Physical Therapy Agency? [ ] Yes [ ] No
If yes which agency?_____ When were you treated by this agency?_____
I consent to receive physical therapy in this facility (RPT): ___YES ___NO

IN CASE OF EMERGENCY CONTACT INFORMATION

Nearest Friend/Relative_____ Home Phone:_____
Address:_____ City:_____ Zip:_____
May we leave a message on your answering machine or with a person other than you? Yes [ ] No [ ]

RESPONSIBLE PARTY INFORMATION

Spouse/Parent:_____ WorkPhone:_____
Employer:_____ Social Security #:_____

IF BILLING THE FOLLOWING PLEASE INDICATE

Work Injury [ ] Yes [ ] No Motor Vehicle Accident [ ] Yes [ ] No
Date of injury/accident:_____ Attorney Name/Phone #:_____

INSURANCE INFORMATION

Primary Insurance:_____ Group #:_____
Policy Holder:_____ ID #:_____
Secondary Insurance:_____ Group #:_____
Policy Holder:_____ ID #:_____

LONG TERM AUTHORIZATION

I hereby authorize **Riverside Physical Therapy** to furnish the insurance company, their representative or referring physician, all information which may be concerning my present illness or injury. I hereby assign to Riverside Physical Therapy all money which I'm entitled for medical expenses relative to the services performed, but not to exceed my indebtness.

PLEASE SIGN HERE

Signature:_____ Relationship:_____
Date:_____

PLEASE READ AND SIGN SECOND PAGE OF FORM ALSO