POWER*in*MOTION
REHABILITATIVE SERVICES

PATIENT INTAKE FORM

PATIENT INFORMATION:

TODAY'S DATE: ____________________

Last name: ____________________ First name: ____________________ Middle initial: ______

Referring Physician: ____

Age: _____ Date of Birth: ____________________

Address: ____________________

____

City/State/Zip: ____________________

____

Social Security No.: ________ -_____ - ________

Sex: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married ☐ Divorced

Employed: ☐ Full-time ☐ Part-time

Home Phone: ____________________

Work Phone: ____________________

Mobile Phone: ____________________

Email Address: ____________________

☐ *Yes, I would like my email added to your mailing list for special announcements, events or professionals I should know.*
Please initial ______

☐ *No*

Primary Care Physician: ____________________

Date of Last Dr. Visit: ____________________

Date of Last Dr. Visit: ____________________

Date of Onset: ____________________

Related to Accident? ☐ Yes ☐ No

Happened At: ☐ Work ☐ Auto

Other: ____________________

How did you hear about Power In Motion or whom may we thank? ____________________

RESPONSIBILE PARTY

Name:____________________

Sex: ☐ Male ☐ Female

Date of Birth (mm/dd/yy): ____________________

City/State/Zip: ____________________

____

Home Phone: ____________________

Work Phone: ____________________

Employer Name: ____________________

Employer Address: ____________________

____

INSURANCE INFORMATION

Name of Insurance Company: ________________________________

Insurance Company Phone: __________________________________

Insurance Company Address: ________________________________

____

____

Name of Insured: ____

Insured's Address: ____

____

Insured's Phone Number: _____________________________________

Social Security Number: ______________________________________

Relationship to Insured: ☐ Self ☐ Spouse ☐ Parent

ID No: ___________________________ Group No: ________________

EMERGENCY CONTACT INFORMATION

Relative/Friend: ____

Home Phone Number: _______________________________________

Work Phone Number: ____

Relative/Friend: ____

Home Phone Number: _______________________________________

Work Phone Number: ____