



Integrated Physical Therapy

(530) 673-0567

Clinic Hours: Monday-Friday

7 am-5 pm

Date: ____/____/____

Name _____
(First) (Last) (MI)

Address _____
(Street) (City) (State) (Zip)

Day Phone() _____ Work Phone () _____ Cell Phone () _____

SS #: _____ DOB: ____/____/____ Age: _____ Gender: M__ F__

Emergency Contact Name & Phone _____

Referring Physician _____ Phone _____

(Address) _____

ICD-9 _____ Date Last Seen ____/____/____ NPI _____

If App., Attorney Name _____

(Address) _____ (Phone) _____

Employer _____

(Address) _____ Phone) _____

Private _____ W/C _____ Auto _____ Lien _____ Self _____

Primary Ins. Co. _____ ID# _____ Phone _____

Address: _____
(Street) (City) (State) (Zip)

Secondary Ins. Co. _____ ID# _____ Phone _____

Address: _____

Phone # _____ Claim # _____ Date of Injury ____/____/____

Consent to Treat and Authorization to Release Information

Initials:

_____ I consent to *evaluation and treatment* by Integrated Physical Therapy Service and realize that I have the right to refuse any procedure after having the risks and benefits explained to me. I understand that I am financially responsible for Physical therapy charges not covered by my insurance plan, or for the total charges if no insurance applies.

_____ I authorize the *release of information, as noted in the Statement of Privacy*, acquired in the course of my treatment, including, but not limited to medical records, electronic media, and oral communications, to my insurance company representatives, employer, primary care physician, referring physician. A copy of *Integrated Physical Therapy Services Statement of Privacy Notice* has been provided to me.

_____ I acknowledge that I have received the *waiver and release of liability form* and agree to the conditions listed within named waiver. I also agree to arbitrate any claims that may arise within the course of treatment I undertake with Integrated Physical Therapy Services and the demands for arbitration must be communicated in writing to all involved parties.

Signature _____

Date _____