Integrated Physical Therapy

825 Jones Road, Yuba City, CA 95991
(530) 673-0567

Name _____
(First) (Last) (MI)

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

Phone( ) _____Work Phone ( ) _____Cell Phone ( ) _____ E-Mail_____

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

Emergency Contact Name & Phone_____

Referring Physician_____ **Phone**_____

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

Employer _____ Address_____ Phone _____

Private _ _ _ _ _ _ _ _WC _ _ _ _ _ _ _ _ _ _ _ _Auto _ _ _ _ _ _ _ _ _ _ _Lien _ _ _ _ _ _ _ _ _ _Self_ _ _ _ _ _ _ _ _

Primary Ins. Co. _____ ID# _____Phone_____

(Address)_____City_____State_____Zip_____

Secondary Ins. Co. & ID #_____ Phone _____

(Address)_____City_____State_____Phone_____

If Work Comp. Claim #_____ Date of In-jury_____

If App., Attorney) _____

(Address) _____ (Phone)_____

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**_____