HEAD TO TOE PHYSICAL THERAPY

Head to Toe Physical Therapy
1977 Lisbon Road
Lewiston, ME 04240
Phone: 207-784-3400
Fax: 207-784-6400

Patient Information

Name: _____ DOB: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Work: _____

Emergency Contact

Name: _____

Phone: _____

Relationship: _____

How did you hear about us?

Primary care doctor: _____

Friend or family member: _____

Specialist: _____

Other: _____

Release of Information

I authorize Head to Toe PT to discuss my treatment information with the following individuals:

Name: _____

Relationship: _____

Employer

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Is your injury work related or a result of a motor vehicle accident? *(circle one)* Yes or No

Medical Insurance

PRIMARY INSURANCE

Insurance Co: _____

Identification number: _____

Group number: _____

SECONDARY INSURANCE

Insurance Co: _____

Identification number: _____

Group number: _____

Patient Agreement

Please initial all statements

- I authorize release of information requested by my insurance plan for payment. _____
- I understand that I am financially responsible for any balance due. _____
- I agree to pay a $20 fee for any appointment cancellation w/ less than 24 hours notice and/or no-shows. _____
- Consent for Email: We will only communicate with you via email if we have your written consent.
- I understand that by consenting to email communication, messages may not be encrypted and confidential info may be at risk. By initialing here, I consent to email communication. _____

Signature of Patient or Guardian: _____ Date: _____