Functional Physical Therapy
3441 Tennyson St.
Denver, CO 80212
303-941-0664
info@functionalphysicaltherapyllc.com

Patient Information

Name:
Last_____First_____MI_____Date_____

Current Address:_____Apt#_____

City:_____ State_____ Zip_____

Tel: Home:_____Work_____Cell_____

Birth Date_____Male___Female___

Email address (will not be used for spam)_____

Emergency Contact Name:_____Tel:_____

General Information

Referring Doctor_____Primary Doctor_____
Phone#_____ Phone#_____

Referring Diagnosis:_____Date of Onset:_____
Was there an accident? Auto_____Work_____Other_____Claim Number_____
Adjustor_____Phone Number_____

Responsible Party: (Who is responsible for the account?)

Name: Last_____ First_____MI_____
Relationship to patient: Self_____ Other_____
Address (if different from patient)_____
City_____State_____Zip_____

Insurance_____Insurance ID#_____

Policy/Plan #_____ Insurance Phone#_____

Employer_____ Work Phone_____

Is there Secondary Insurance? Y_____N_____Please list:_____

Please let us know immediately if you need to reschedule an appointment. Our policy is to charge $25.00 for the first missed appointment and $90 for each additional appointment we were not made aware of at least 24 hours in advance. In the case of emergency, please contact us and we will discuss unforeseeable and unavoidable events and grant exceptions as deemed pertinent and reasonable.