Professional Physical Therapy
216 N 2nd Street
Amite, LA 70422
Phone 985-748-7878
Fax 985-748-2837

PATIENT INFORMATION

ACCT #_____

DX CODE(S) _____

Title _____ Name _____
FIRST MI LAST

Mailing Address_____City_____State_____Zip_____

DOB _____ Gender *(Circle)* Male Female SSN _____ DL# _____

Home _____ Cell _____ Work/Other _____

Email _____ Preferred Contact *(Circle One)* Home Cell Work Email

Employed (*Circle)* Yes No Employer _____ Phone _____

Emergency Contact _____ Phone _____

Referring Doctor _____ Phone _____ Fax _____

NPI _____

Who is responsible for bill?

Name _____ Relationship to Patient _____

Address _____City_____State_____Zip_____

_____ _____
SIGNATURE OF RESPONSIBLE PARTY **DATE**

Have you had Physical Therapy, Occupational Therapy, or Speech Therapy at any other clinic within this calendar year? YES NO

*If so, was it Physical Therapy, Occupational Therapy, or Speech Therapy?*_____

If so, what dates were you treated? _____ *How many visits did you have?*_____

Are you receiving home health for any of these services? YES NO

*What facility were treatments rendered?*_____