

## Sims Physical Therapy, Inc.

2530 Professional Parkway-Santa Maria, CA 93455 (805)928-4465 Fax(805)928-7935

### PATIENT INFORMATION FORM (Please Complete All Entries)

Minor or Dependent Patient: Name (Last - First - Middle)	Sex M F	Date of Birth / /	Age	Social Security Number
Adult Patient: Name (Last-First-Middle) or Parent or Guardian Mr. Ms. Mrs.	Sex M F	Date of Birth / /	Age	Social Security Number
Mailing Address	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated			
City	Driver's License No.			
State / Zip	Home Phone No. ( )		Cell Phone No. ( )	
Name of Employer	Occupation	Work Phone No. ( )		
Employer's Address (Street - City - State - Zip)				
Name of Spouse (Last - First - Middle)	Age	Date of Birth / /	Social Security No.	
Spouse's Employer	Occupation	Spouse's Work Phone No. ( )		
Nearest Relative Not Living With You			Relative's Phone No. ( )	
In Case of Emergency, Notify			Emergency Contact's Phone No. ( )	
Type of Injury <input type="checkbox"/> Work Related <input type="checkbox"/> Auto Accident <input type="checkbox"/> Student Accident <input type="checkbox"/> Other _____	Date of Injury	Have You Been A Patient In Our Office ? <input type="checkbox"/> Yes <input type="checkbox"/> No Year (If Yes) _____		
Family Members Who Have Been Patients	Referred By	Family Physician		

### INSURANCE INFORMATION

Primary Insurance Name	Name of Insured			
Insured's Employer	Insured's Date of Birth	Relationship to Insured		
Secondary Insurance Name	Name of Insured			
Insured's Employer	Insured's Date of Birth	Relationship to Insured		

I have read and fully understand Sims Physical Therapy, Inc.'s Notice of Information Practices posted in the lobby. I understand that Sims Physical Therapy, Inc. may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment and administrative operations if I notify the practice. I also understand Sims Physical Therapy, Inc. will consider requests for restriction on a case by case basis, but does not have to agree to requests for restrictions.

I hereby acknowledge use and disclosure of my personal health information for purposes as noted in Sims Physical Therapy, Inc.'s Notice of Information practices. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time.

I request payment by Medicare/Other Insurance company benefits be made either to me or on my behalf to Sims Physical Therapy, Inc. for any services furnished to me by that party who accepts assignment. Regulations pertaining to Medicare assignment of benefits apply.

I understand it is mandatory to notify Sims Physical Therapy, Inc. of any insurance or benefit changes immediately. Physical or Occupational therapy may be painful.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_