

Print and complete then fax to us or bring with you



One to One Physical Therapy 1807 N. Stevens Street Tacoma, WA 98406
Phone (253) 396-9001 Fax (253) 396-1231 www.121pt.com

First Name MI Last Birth date / /
Address
City State Zip
Work Phone Home Phone Cell Phone
Last 4 digits social security XXX - XX - Gender Female Male
Email Best way to contact you Phone Email
Marital Status Single Married Widowed Divorced
Employment Status Full Time Part Time Non Active Military Retired Self
Student Status Full Time None Part Time
Patient Employer Patient Occupation
Address City State Zip

PRIMARY INSURANCE

Company Name Id# Group #
Insurance Suscriber First MI Last
Birth Date: / / Relationship to Patient Self Spouse Child
Address if Different than Patient
City State Zip
Work Phone Home Phone Cell Phone
Last 4 Digits Social Security XXX - XX - Gender Female Male

SECONDARY INSURANCE

Company Name Id# Group #
Insurance Suscriber First MI Last
Birth Date: / / Relationship to Patient Self Spouse Child
Address if Different than Patient
City State Zip
Work Phone Home Phone Cell Phone
Last 4 digits social security XXX - XX - Gender Female Male

PERSON RESPONSIBLE FOR ANY AMOUNT NOT COVERED BY INSURANCE

First MI Last
Birth date: / / Relationship to Patient Self Spouse Child
Address if Different than Patient
City State Zip
Work Phone Home Phone Cell Phone
Last 4 digits social security XXX - XX - Gender Female Male

Date of Illness / Injury / Emergency? Y / N Work Related? Y / N Auto Accident? Y / N
Who Referred You to Us? MD PA ARNP CHIRO DPM

Have You Had Any of the Following since Jan 1st of this year?

Physical Therapy (month) Speech Therapy (month)
Massage Therapy (month) Chiropractic (month)