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Wholistic PT

665 Blackstone Street

Minneola, Florida, 34715

**PATIENT INTAKE FORM**

Please take a few minutes to fill out this survey.

## Personal Information

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| --- | --- | --- | --- | --- |
|  |  |  |  | |
| First Name | Last Name | Gender | Date of birth | |
|  |  |  |  | |
| Address | City | State | ZIP Code | |
|  |  |  |  | |
| Email | Phone |  | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Occupation/Profession | | | | |
|  | | | | |
| Emergency contact (number, relationship) | | | | |
|  | | | | |
| How did you hear about us? Wholistic PT, Inc requires payment at the time of service. Wholistic PT, Inc does not participate with any health insurance companies (i.e. Aetna, Cigna, Blue Cross Blue Shield) or other reimbursement services (i.e. Medicare, Medicaid, Worker’s Compensation, lawsuit settlement cases, car accident cases). For clients who wish to submit claims to their insurance providers or other reimbursement services, Wholistic PT, Inc can provide proof of payment, along with the diagnostic (ICD-10) and treatment codes (CPT codes) for each session. | | | | |
| Patient Signature | Date |  |  |
|  |  |  |  |