New Patient Information

Patient Name: ______________________ Social Security# ______________

Address: ______________________ City: ____________ State: ________ Zip: ________
(Physical Address Required)

Home# ____________ Cell# ____________ Email: ______________________

Date of Birth: ______________

Circle how you heard about us: Word of mouth   Advertisement   Drive-by   Community Event   Physician   Local Business
Postcard mail-out   Other: ______________________

EMPLOYMENT INFO:

What is your Occupation: ____________ Employer Name: ______________ Wk# __________

Address of Employment: ______________________________

REFFERING PHYSICIAN:

Referring Physician: ______________________ Phone# ______________

Date of next appointment: ______________ Date of Surgery, if applicable: __________

PHYSICIAN INFORMATION:

Primary Care Physician: ______________________ Phone# ______________
Specialist (if applicable): ______________________ Phone# ______________

<u>Health Insurance Portability & Accountability Act (HIPAA)</u>

I have been provided the opportunity to review the Notice of Privacy Practices. I, the undersigned, authorize Dynamic Physical Therapy to send/receive confidential healthcare information as that term is defined by HIPAA (Health Insurance Portability and Accountability Act of 996, 45 C.F.R., Parts 160-164) by facsimile to healthcare providers, hospitals, laboratories, and other medical caregivers for the coordination of care for the patient listed below. I may revoke this authorization by five (5) days written notice to Dynamic Physical Therapy.

Please list individuals in which you allow us to contact regarding your health information or in case of an emergency:

Emergency Contact Outside of Home: ______________________ Phone# ______________

Spouse Name: ______________________ Phone# ______________

Other: ______________________ Phone# ______________

______________________ ______________
Patient Signature Date

NORTHSHORE 1550 Ochsner Blvd. • Covington, LA • **985.893.4700** phone • **985.893.3211** fax
WESTBANK 7520 Westbank Exp. • Suite D • Marrero, LA • **504.371.4226** phone • **504.371.4228** fax