

# ADVANTAGE THERAPY



## PATIENT INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex: Male or Female Marital Status: M W D S  
Address: \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_ Physician: \_\_\_\_\_

Insured's Name (if not patient): \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Employer: \_\_\_\_\_

### **In Case of Emergency Contact:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

## PATIENT MEDICAL HISTORY

Date of Injury or Onset: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_

Main Complaint: \_\_\_\_\_  
\_\_\_\_\_

Type of Injury: \_\_\_ Motor Vehicle Accident If yes, what state? \_\_\_\_\_ Date of Accident: \_\_\_\_\_  
\_\_\_ Recurrence of Previous Injury \_\_\_\_\_ Athletic/Recreational Injury \_\_\_ Other

Have you had Home Health services within the past month? \_\_\_ Y \_\_\_ N  
If yes, date of discharge: \_\_\_\_\_

Have you attended PT/OT this calendar year? \_\_\_ Y \_\_\_ N

Do you have a history of any of the following (please circle):

**Diabetes Heart Disease Cancer Hypertension**

Please briefly explain any answers: \_\_\_\_\_  
\_\_\_\_\_

Do you have or have you had any of the following (please circle):

**Pace Maker/Defibrillator Asthma Tobacco Use Migraines Sudden Weight Loss Surgeries  
Dizziness/Fainting Allergies Medication Allergies Recent Fractures Arthritis Ringing in Ears  
Seizures Nausea/Vomiting Osteoporosis**

Please briefly explain any "Yes" answers: \_\_\_\_\_  
\_\_\_\_\_

Please list any medications that you are presently taking: \_\_\_\_\_  
\_\_\_\_\_

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## **BILLING PREFERENCE (please circle)**

Mail OR Email \_\_\_\_\_

## **AGREEMENT OF SERVICES**

**I acknowledge the above information that I have provided is true and correct to the best of my knowledge.**

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Patient Signature

Date

**I have read and understand the Establishment Services Agreement as well as the HIPPA Privacy Notice.**

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Patient Signature

Date