CUSTOM REHAB
Individual Physical Therapy Services
265 E. Chubbuck Rd. Suite A Chubbuck ID 83202
Ph 208.417.0011 Fax 888.437.2431

Jared McKee, DPT . Daniel Barclay, DPT . Sadie Ellis, DPT, OCS .

PATIENT INFORMATION FORM

Today's Date:_____ Patient Name: _____ Male: ☐ Female: ☐

Address:_____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Employment:_____

Date of Birth: _____ SSN#: _____

Email: _____

☐ I would like appointment reminders by phone

☐ I would like my appointments printed out for me

Patient Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Other

***IF PATIENT IS UNDER 18: MOTHER'S NAME:_____ FATHER'S NAME:_____**

INFORMATION ON PERSON RESPONSIBLE FOR BILL:

Name: _____ Date of Birth: _____ SSN#: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer: _____ Work Phone: _____ Cell Phone: _____

Relationship to Patient: _____

INJURY INFORMATION:

Date of Injury: _____ Work Related: ☐ Yes ☐ No Accident Related: ☐ Auto ☐ Other

Person to notify in case of Emergency: _____ Phone number: _____

Who can we thank for referring you? _____