



For official use only:
 Physical Therapist

 Diagnosis Code(s):

35 S. Louisiana St., Kennewick, WA 99336 • Phone 1-509-582-0429 • FAX 1-509-582-1182
 E-mail Address: kennewick@columbiapt.net

Patient's Name: _____ Home Phone: _____
 Address: _____ Cell Phone: _____
 City: _____ State: _____ Zip: _____ E-mail: _____
 Date of Birth: _____ Male Female SSN: _____
 Employer: _____ Student Work Phone: _____
 Employer's Address: _____ City: _____ State: _____ ZIP: _____
 Referring Physician: _____ Physician's Address: _____
 City: _____ State: _____ Zip: _____ Phone #: _____
If Married: Spouse's Name: _____ Employer: _____
 Cell Phone : _____ Work Phone: _____

PLEASE COMPLETE IF PATIENT IS A MINOR:

Mother/Guardian's name: _____ Address: _____
 City: _____ State: _____ Zip: _____ DOB: _____
 Employer: _____ Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
Father/Guardian's name: _____ Address: _____
 City: _____ State: _____ Zip: _____ DOB: _____
 Employer: _____ Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

I authorize Columbia Physical Therapy, Inc. P.S. to use and disclose health and medical information for the purposes of treatment, payment and health care operations. Under all circumstances I assume final responsibility for my account understanding that in the event my account becomes delinquent, I agree to pay accrued finance charges, court costs and attorney fees. I consent to physical therapy services prescribed by any physician. I authorize payment of medical benefits by my insurance company to Columbia Physical Therapy, Inc. PS, for services rendered. I have received this practice's Notice of Privacy Practices written in plain language.

Signature: _____ **Date:** _____

Authorization for Release of Information: I authorize release of medical information to the person(s) named below:

- All Medical and Billing Information Appointment Information only

 Please Print Name of Person

 Relationship

 Please Print Name of Person

 Relationship

 Signature

 Date