

PATIENT INFORMATION:

Last Name First M

Street Address

Postal Address

City ST Zip

Social Security # Date of Birth

Home phone Cell phone

Sex: M F

Marital status: Single Married Divorced Widowed

Employment Status: Full Part Retired Not

Student: Full Part Not

Employer Name Telephone

Occupation

Contact Supervisor Name

Phone Number Ext

SPOUSE OR PARENT INFORMATION

Last Name First

Telephone Relation to Patient

Responsibility for Payment, Assignment of Benefits, Authorization and Medical Release

The above information is true to the best of my knowledge. I authorize Physical Therapy of Andalusia (PTA) to provide physical therapy treatment, test and procedures considered advisable by my physician. I guarantee payment in full of any and all claims and charges in consideration for medical services rendered to me by PTA. I authorize and demand the assignment of payment of my basic medical, major medical, third party medical, or any other medical benefits that may apply herein specified and otherwise payable to me, directly to Physical Therapy of Andalusia, Inc. I authorize PTA to release my medical information acquired in the course of my treatment and examination to my insurance company.

I have read and understand the Physical Therapy of Andalusia payment policies.

Signature of Patient

Date

WORKERS COMPENSATION

Today's Date

Was this an accident? Yes No

Auto Work comp other

Date of Injury

Brief Description of Accident

Place of work injury: City, State

email address

Worker's Comp Insurance:

Adjuster's Name

Phone

Case Worker's

Telephone

Allergies

Do you have a pacemaker? YES NO

**Emergency Information: Person other than spouse (Not living with you) to notify in case of emergency.**

Name

Telephone

Relation to Patient

Signature of Guardian (if required)



## ***PHYSICAL THERAPY OF ANDALUSIA***

1105 WEST BYPASS  
ANDALUSIA, ALABAMA 36420  
PHONE 334 222-5785 FAX 334 222-0181  
EMAIL [pta@centurytel.net](mailto:pta@centurytel.net)

### **TO: Worker's Compensation Patients**

We look forward to helping you rehabilitate from your injury. Worker's compensation is a partnership between you and your employer. Just as it is important for your employer to provide you with appropriate medical care, including physical therapy, it is also important that you comply with treatment. During your course of physical therapy you will need to do the following:

- . Keep your scheduled appointments or call if there is a problem
- . Work hard both in physical therapy and at home with whatever home program you are given
- . Should there be a problem with attendance, punctuality, level of effort, etc. it is our policy to notify your employer/worker's compensation company.

It will give us a great deal of satisfaction to help you aspire to the best you can be and improve in your function so that you can return to work.

Sincerely,

Tom Rider, PT and Staff

Signed \_\_\_\_\_