Rehab Zone Physical Therapy
20 Kimball Avenue Suite 204 South Burlington, VT 05403 Phone (802) 497-0690 Fax (802) 497-0923

PATIENT INFORMATION

(PLEASE PRINT CLEARLY)

Name:_____Today's Date:_____

Street Address:_____

City:_____State:_____Zip:_____

Phone (best number to reach you):_____

Date of Birth:_____ ☐ Please check ONLY if patient is under age 18

Social Security #(State Insurance Patients Only):_____

Email (communication purposes only):_____

Person To Call In Case Of Emergency:_____

Emergency Contact Number:_____

Primary Care or Referring Physician:_____

Physician Location (Name Of Practice):_____

Physician Phone Number:_____

INSURANCE PLAN NAME:_____

(PLEASE PROVIDE COPY OF INSURANCE CARD, FRONT AND BACK)

Patient Relation to Insured: Self_____Spouse_____Child_____

Amount of Copay (Due At Time of Each Visit):_____

**Please note if you are a WORKERS COMPENSATION or MOTOR VEHICLE ACCIDENT case please provide the following:

1. Case Manager or Lawyer Name:_____

2. Case Manager or Lawyer Number:_____

PLEASE DO NOT WRITE BELOW THIS LINE

Diagnosis:_____

ICD10:_____

Onset:_____