1429 S. Pioneer Way, Moses Lake, WA 98837 ● Phone 1-509-765-9608 ● FAX 1-509-766-0481

Patient's Name: ______________________________ Home Phone: ______________________

Address: ______________________________ Cell Phone: ______________________

City: ______________ State: ________ Zip: __________ E-mail: ______________________

Date of Birth: ____________ ☐ Male ☐ Female SSN: ______________________

Employer: ______________________ ☐ Student Work Phone: ______________________

***If Married:* Spouse's Name:** ______________________________ DOB: ____________________

Phone : ____________________

PLEASE COMPLETE IF PATIENT IS A MINOR:

Mother/Guardian's name: ______________________ Address: ______________________

City: ______________________ State: ________ Zip: __________ DOB: __________

Phone: ____________________

Father/Guardian's name: ______________________Address: ______________________

City: ______________________ State: ________ Zip: __________ DOB: __________

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**