MIZUTA & ASSOCIATES PHYSICAL THERAPY

NEW PATIENT FORM

(Please Print)

Today's date:	Referring Doctor:
	Primary Care Physician:

PATIENT INFORMATION

Patient's last name:	First:	Middle:	❑ Mr. ❑ Mrs.	❑ Miss ❑ Ms.	Marital status (circle one) Single / Mar / Div / Sep

Is this your legal name? ❑ Yes ❑ No	If not, what is your legal name?	(Former name):	Birth date: / /	Age:	Sex: ❑ M ❑ F

Street address:		
City:	State:	ZIP Code

Social Security #:	Email:	Home/Cell Phone: ( )
Occupation:	Employer:	Work Phone: ( )

How did you find out about Mizuta & Associates Physical Therapy?				
❑ Doctor Referral	❑ Family	❑ Friend	❑ Internet	❑ Other

Height:	Weight:

Consent for Care and Treatment

I, the undersigned, hereby and give my consent for Mizuta & Associates Physical Therapy to furnish medical care and treatment as considered necessary and proper in diagnosing or treating his/her physical condition.

Benefit Assignment / Release of Information

I hereby assign all medical benefits to include major medical benefits to which I am entitled, including Medicare private insurance, and third party payers to Mizuta & Associates Physical Therapy. A photocopy of this assignment is to be considered as valid as the original. I hereby authorize said assignee to release all information necessary, including medical records, to secure payment.

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to patient:	Home/Work Phone: ( )

The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize Mizuta & Associates Physical Therapy or insurance company to release any information required to process my claims.

Patient/Guardian signature *Date*