FOOTHILLS Physical Therapy

Boise: 1673 W. Shoreline Drive, Suite 230, 83702 ♦
(208) 343-4700, Fax: (208) 343-4706
Meridian: 1618 S. Millennium Way, Suite 210, 83642 ♦
(208) 884-4647, Fax: (208) 884-8984
Eagle: 645 E. State Street, Suite 101, 83616 ♦
(208) 939-9594, Fax: (208) 939-9828
foothillspt.com

PATIENT INTAKE

Name of referring Physician:_____

Preferred Physical Therapist:_____

Patient Name:_____

Nickname(s) or Preferred Name:_____

How Did You Hear about Us? ☐ Website/Search Engine ☐ Friends/Family ☐ Outreach Event ☐ Other_____

Date of Birth:_____ Age: _____ Sex:☐ M or ☐ F

Last 4 of SSN_____ Email Address:_____

Home Address:_____ City:_____

State:_____ Zip Code:_____ Marital Status: ☐ M ☐ S ☐ D ☐ W

Preferred contact method for appointment reminders: ☐ text message ☐ voice call ☐ email

Primary Phone #:_____ (Home, Work, Cell)

Secondary Phone #_____(Home, Work, Cell)

Emergency Contact Name:_____ Phone:_____

Employer:_____ Occupation:_____

Employer Address:_____ City:_____

State:_____ Zip Code:_____

Policy Holder/Responsible Party Information (If different than patient information)

Name:_____ Gender:☐ M or ☐ F D.O.B:_____

Last 4 of SSN:_____ Relation to Patient: ☐ Self ☐ Spouse ☐ Parent ☐ Other

Address:_____ City:_____ State:_____

Zip Code:_____ Employer:_____ Occupation:_____

Primary Ph #:_____(Home, Work, Cell)

Secondary Ph #:_____(Home, Work, Cell)