



ascension
PHYSICAL THERAPY

6200 Lake Otis Parkway Ste 104 • Anchorage, AK 99507 • P 907-770-6693 • F 907-770-6697

Last Name: _____ First Name: _____ MI: _____

Gender: Male / Female

DOB: _____ Marital Status: _____

Address: _____

Home Phone #: _____ Cell #: _____

Email: _____

Social Security #: _____

Employer: _____ Work Phone #: _____

Emergency Contact Name: _____ Phone #: _____

Relationship to Patient: _____

How did you hear about us? _____

Reason for your visit: _____

Have you had Physical Therapy before? _____

Referring Physician: _____

Date of Injury/onset of pain: _____

Did you have surgery? _____ If yes, what date? _____

Was your injury work or auto related? _____ If yes, please provide the following:

Worker Comp: _____ **Auto Insurance:** _____

Employer Name: _____ Claim #: _____

Employer Address: _____ Name of insured: _____

Employer Phone #: _____ Is this your Auto policy? _____

Date of Injury: _____ Date of accident: _____

Primary Insurance: _____ Relation to Patient: _____

Insurance ID #: _____ Group #: _____

Subscriber's Name: _____ DOB: _____

Secondary Insurance: _____ Relation to Patient: _____

Insurance ID #: _____ Group #: _____

Subscriber's Name: _____ DOB: _____