



BAUDENDISTEL PHYSICAL THERAPY

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Patient Information

Contact Information			
Patient name:		Date of birth:	Gender:
Phone #: Home:		Work:	Cell:
Address:			
Mailing address (if different):			
Social security #:			
Email address:			
Referring Doctor:		Address:	

Employer (at time of injury)	
Employer:	
Occupation:	
Still working?	Date last worked:

Emergency Contacts		
Spouse Name:		Phone #:
Emergency contact(1):	Relationship:	Phone #:
Emergency contact(2):	Relationship:	Phone #:

Primary Insurance Information	
Insurance Company:	
Adjuster:	Phone #:
Address:	Fax #:
Subscriber name:	Social security #:
Claim #:	
Group / policy #:	

Secondary Insurance Information (if applicable)	
Insurance Company:	
Adjuster:	Phone #:
Address:	Fax #:
Subscriber name:	Social security #:
Claim #:	
Group / policy #:	

PLEASE FILL OUT BOTH SIDES OF THIS FORM

Attorney Information (if applicable)	
Firm:	
Attorney:	Phone #:
Address:	Fax #:
Was your injury caused by a car accident? (Yes / No)	
Date of accident:	
Name of auto insurance:	
Adjuster:	Phone #:
Address:	Fax #:
Claim #:	

History With Physical Therapy?		
Have you had physical therapy before? Facility name:	(Yes / No)	
Are you presently receiving home health care?	(Yes / No)	
Type of Injury:		
How did you hear of Baudendistel Physical Therapy? (please check all that apply)		
<input type="checkbox"/> Doctor	<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Yellow Pages
<input type="checkbox"/> Attorney	<input type="checkbox"/> Running community	<input type="checkbox"/> Google search
<input type="checkbox"/> Church	<input type="checkbox"/> Sac Bee	<input type="checkbox"/> Yelp.com
<input type="checkbox"/> Other:		

AUTHORIZATION TO PAY:

I hereby authorize payments directly to Baudendistel Physical Therapy for professional services rendered in my behalf. I understand that I am financially responsible for the charges not covered by this authorization. I understand that I will be charged \$25 for any missed appointment with less than a 12 hour cancellation notice. (Please note: Our answering machine is always on).

Signature: _____

Date: _____