

INTEGRATED PHYSICAL THERAPY OF LITTLETON

9200 W. Cross Drive, Suite 400, Littleton, CO 80123 (303) 904-8133

LORI BUXTON, P.T.

PATIENT INFORMATION

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Phone numbers: Home _____ Work _____ Cell _____

SS# _____ Sex: ___ Male ___ Female

Marital Status: ___ Single ___ Married ___ Other

INSURANCE: ___ Auto ___ Group/Health ___ Worker's Compensation ___ Self-Pay

Name of Insurance _____ ID # _____

Co-pay: _____ Coinsurance: _____ Deductible: _____

___ Please bill for coinsurance ___ Please bill for deductible

Referring Doctor _____ Phone Number _____

Primary Care Doctor _____ Phone Number _____

EMERGENCY CONTACT _____ Phone numbers _____

Relationship to patient _____

EMPLOYER: _____

Address: _____

Have you received or are you currently receiving Physical/ Occupational/ Speech Therapy this year? Y / N If yes, where, when, and how many visits? _____

IS THIS INJURY ACCIDENT RELATED? Y / N IF YES, DATE OF INJURY? _____

FOR OFFICE USE ONLY

ICD9: _____ Diagnoses: _____

IS THIS PATIENT APPROVED FOR TMJ DIAGNOSIS? YES NO

Adjuster Name: _____ Phone Number: _____

Authorization #: _____ Date(s): _____ # of Visits: _____