



TRI LAKES PHYSICAL THERAPY

PATIENT INFORMATION

Patients under the age of 18 are required to have consent from a parent/guardian to begin treatment. We do not require that you attend their treatment, but it is encouraged. We like to keep parents/guardians involved in their children's treatment.

Please fill out the following information:

Patient Name: _____

Parent/Guardian Information*

| | | | |
|------------|-------|------------|-------|
| Name | _____ | Name | _____ |
| Relation | _____ | Relation | _____ |
| Address | _____ | Address | _____ |
| | _____ | | _____ |
| Home Phone | _____ | Home Phone | _____ |
| Cell Phone | _____ | Cell Phone | _____ |
| Birthdate | _____ | Birthdate | _____ |
| SSN | _____ | SSN | _____ |

*Since underage patients are not able to be billed directly, we require this information for billing purposes.

Parent/Guardian Signature: _____

If the injury to your child occurred at school, the school's accident insurance may cover a portion of treatment costs. We will be required to first bill all charges to your health insurance. If this is the case, your child's school needs to have been made aware of the injury, and will likely have you fill out paperwork regarding it. If you have not done so, please contact the school office and complete any paperwork they require.

Did the injury being treated today occur at school? Yes No

If yes, please fill out the following:

School District and Building _____ Grade _____

Date and Approximate Time of Injury _____

Activity during which injury occurred _____

Child's coach/overseeing teacher _____

School Insurance Company _____

Please bring our office a copy of the paperwork you fill out for the school. The information they supply you with will make it much easier for us to bill them.