319-A Southbridge Street	242 Sturbridge Road	73 Canal Street	154 East Main Street	30 Oak Street	102 Shore Drive, Ste. 102
Auburn, MA 01501	Charlton, MA 01507	Millbury, MA 01527	Westborough, MA 01581	Westborough, MA 01581	Worcester, MA 01605
508-832-2628 [p]	508-248-3200 [p]	508-581-8703 [p]	508-366-7899 [p]	508-389-9912 [p]	508-854-4140[p]
508-832-4099 [f]	508-248-3203 [f]	508-581-8706 [f]	508-366-9819 [f]	508-389-9915[f]	508-854-4143 [f]

AUBURN

Patient Information

Name ______________________________ DOB ______________ Age ____________________

Address ________________________ City ________________ ST_______ Zip______________

Home Phone ______________ Business Phone ________________ Cell ____________________

Occupation __________________ Email ________________________ SSN#______________

EMERGENCY CONTACTS

Name__________________________ Relation______________ Phone______________

Name__________________________ Relation______________ Phone______________

Referring Physician ________________________________ Phone ____________________

Primary Physician _________________________________ Phone ____________________

Diagnosis/Injury ____

Work/Athletic Injury? ____ Yes ____ No If yes, Work/School name _________________________

Pertinent Past Medical History ____

Medications ____

Primary Insurance ______________________ Secondary Insurance ______________________

ID # _______________________________ ID# ____________________________________

Subscriber __________________________ Subscriber ________________________________

**** If Medicare, are you currently receiving any home services (visiting nurse, etc.)? ____ Yes ____ No**

Have you had PT, OT or speech therapy in the last 12 months? _______ If yes, please make front desk aware.

How did you find out about South County Physcial Therapy, Inc.?

Name of Physician _______________ Name of Friend __________________ Other _______________

- I certify that all of the above information is correct.
- I authorize the release of any of the above information to my insurance company and I authorize my insurance company and I authorize my insurance company to make payments on my behalf directly to:

South County Physcial Therapy, Inc.
319A Southbridge Street
Auburn, MA 01501

I understand that any costs arising from physical therapy and NOT covered by my insurance company are my responsibility and that South County Physcial Therapy, Inc. may bill me for the balance(s). It is my responsibility to know what my benefit allows, including today's services (example: Blue Shield only allows one (1) evaluation per year/per body part). I acknowledge that I am expected to remit any outstanding balances within 30 days of billing.

- I hereby authorize physical therapy treatments by South County Physcial Therapy, Inc.

_______________________________________ ____________________
Signature of Patient Date

_______________________________________ ____________________
Signature of Guardian (if patient under 18) Date