



Evergreen
Physical Therapy
Specialists, PC

30940 Stagecoach Blvd. Suite E-110

Evergreen, CO 80439

Phone: (303) 674-1594

Fax: (303) 674-9870

Patient Information Intake

Last Name: _____ First Name: _____ M.I. _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: Home: _____ Cell: _____ Work: _____

Birthdate: _____ SSN / Driver's License: _____ Sex: _____

Email: _____ Emergency Contact: _____

Description of Problem: _____

Referring Doctor: _____ PCP Doctor: _____

Primary Insurance Information

Insurance Company: _____ Phone: _____

Policy Holder: _____ Relation to Patient: _____ Insured DOB: _____

Policy #: _____ Group #: _____

Date of Accident / Injury: _____

Work / Auto / Other Adjuster Name: _____ Ext: _____

Secondary Insurance Information

Insurance Company: _____ Phone: _____

Policy Holder: _____ Relation to Patient: _____ Insured DOB: _____

Policy #: _____ Group #: _____

Office Staff Only

Appointment Date: _____ Time: _____ Therapist: _____

Surgical Date: _____ Other Notes: _____