

STEP AHEAD PHYSICAL THERAPY

www.stepaheadpt.com

Planet Fitness Health Club
5 Middlesex Ave. Suite 203
Somerville, MA 02145
Phone: 617-776-2227
Fax: 617-776-2209

NEW PATIENT FORM

Name _____ DOB _____ Male/Female _____ Marital Status _____

Address _____ City _____ State _____ Zip Code _____

Home # _____ Cell # _____ Emergency Contact _____

E-mail Address _____ Have you had PT in the past 12 months? Y/N
Would you like to receive our monthly Email newsletters for tips on health and injury prevention? Y/N

How did you hear about us? _____

Primary Insurance _____ Policy # _____

Policy holder (if not you) _____ Patient Co-pay: \$ _____ /visit

Secondary Insurance _____ Policy # _____

Referring Doctor _____ Phone # _____

Primary Care Doctor _____ Phone # _____

Worker's Comp and Auto Insurance Only:

Work related _____ Auto Related _____ Date of Injury/onset _____

Insurance Company _____ Address _____

Adjuster's Name _____ Phone # _____ Claim # _____

Attorney's Name _____ Phone # _____

STAFF USE ONLY:

Diagnosis: (ICD 9 or Description) _____
