DUNBAR THERAPY CENTER

1313 Dunbar Avenue Dunbar WV 25064 Phone: 304-400-4896 Fax: 304-400-4897

Physical - Occupational - Speech Therapy

PATIENT INTAKE FORM

Last name:	First Name:		Middle Initial:
Address:	City:	State:	Zip code:
Home Phone:	Other Phone:	Email address:	
Date of Birth:	SSN:	Sex: ☐ Male ☐Female	Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated

Employer Information			
Employer name:		Employment status: ☐ FT ☐ PT ☐ Self-Emp. ☐ Retired ☐ Student ☐ None	
Address:	City:	State:	Zip Code:
Work Phone:		Occupation:	
Emergency Contact Information			
Contact Name:	Phone:	Relationship to Patient:	
Physician Information			
Name of Referring Physician:	Address:	Phone:	
Additional Information			
Date of onset:	Auto Related: ☐ Yes ☐ No	Work Related: ☐ Yes ☐ No	Accident Related: ☐ Yes ☐ No / Diagnosis/Body Part:
Is an attorney involved in this case? ☐ Yes ☐ No	Name of Attorney:	Address:	Phone:
Post Surgical: ☐ Yes ☐ No Surgery Date:		Surgery Description:	
Have you had any prior therapy this year? PT: ☐ Yes ☐ No OT: ☐ Yes ☐ No ST: ☐ Yes ☐ No		How did you hear about us?	
Patient/Guardian Signature:			**Date:**