

DUNBAR THERAPY CENTER

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

Physical Therapy - Occupational Therapy - Speech Therapy

PATIENT INFORMATION

Patient Name: _____ Gender: Male Female

Date of Birth: _____ Age: _____ Social Security: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

If Under 18, Parent/Guardian: _____ Relationship to Patient: _____

Parent/Guardian Social: _____ DOB: _____

EMPLOYMENT 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: _____

ADDITIONAL INFORMATION

Name Of Referring Physician: _____ Phone: _____

Date of onset: _____ Diagnosis/Area to be treated: _____

Auto Related: Yes No Work Related: Yes No Accident Related: Yes No

Is an attorney involved in this case? Yes No

Name of Attorney: _____ Phone: _____ Fax: _____

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: _____