Gray Physical Therapy Center, PA
6 Turnpike Acres Rd, Ste 2, Gray, ME 04039
Tel: (207) 657-5600 Fax: (855)-464-0106

Patient Data Sheet

MR #: ______________________

Please Print

YOUR CONTACT INFORMATION

Name: ______________________________ **DOB:** _____/_____/_____ **SSN:** ______________

Mailing Address: ______________________________ **Gender: M F**

Physical Address: ______________________________ **E-mail:** ______________

Do we have your permission to send you our E-News Newsletter? Y N

Phone Numbers: Home: ______________ **Cell:** ______________ **Work:** ______________

How can we contact you? (circle all that apply): ***E-mail*** ***Home #*** ***Cell #*** ***Work #***

EMERGENCY CONTACT: ______________________________ ***Telephone:*** ______________
Your Employer: ______________________________ ***Address:*** ______________

If Under 18 Years of Age: Responsible Party Name: ______________ Relationship to you: ______________
Address (if different from patient): ______________ Telephone:: ______________

BILLING / INSURANCE INFORMATION — Whom do we bill ? Please Check Appropriate Category

Health Insurance **Worker's Compensation** **Auto Insurance** **Bill me directly**

Primary Insurer: (Name): ______________________________

ID/ Certificate/ Policy Number : ______________________________

Subscriber's Name: ______________________ Subscriber's DOB: ______________

Secondary Insurer: (Name): ______________________________

ID/ Certificate/ Policy Number : ______________________________

Doctor Sending you to PT: ______________________ Family Doctor (PCP) ______________ ______________

Your Diagnosis– What are we seeing you for? ______________________ Onset Date: ______________

If either of the Insurer's listed above is **Worker's Comp or Motor Vehicle Accident** related, please provide us with the **Claim Handler's Name, Telephone Number and your File / Claim Number.**

If you are represented by an attorney for litigation, please provide the attorney name, address and phone number below

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How did you hear about us? (Circle all that apply)

- Friend / Relative Recommendation Who: ______________
- Newspaper Ad
- WCSH6 Website Ad
- Facebook
- Our Website
- Community Activity/Involvement
- Other: ______________________________

What one factor BEST describes why you decided on Gray PT?

- Reputation
- Clinic Hours
- Location
- Doctor Recommendation
- You know one of the staff
- Relative/Friend Insisted
- Other: ______________________________

By initialling here you confirm that the above information is correct

Office Use Only
Primary PT: