



98 Cuttermill Rd. Ste 100
Great Neck, NY 11021
516-466-4118

Patient Questionnaire

1044 Northern Blvd. Ste 101
Roslyn, NY 11576
516-484-2562

FOR OFFICE USE ONLY: Requests: _____ Date _____ Appt Made _____ Initials _____

Whom may we thank for referring you to us today? _____

Patient Name: _____ Date of birth: _____ Gender M / F

Street Address: _____

City: _____ State: _____ Zip Code: _____ Email: _____

Home Phone: () _____ Work: () _____ Cell: () _____

Occupation: _____ Employer Name: _____

Employer Address: _____

Referring MD: _____ Phone () _____

Diagnosis/Body part being treated: _____

Emergency Contact: _____ Relationship to patient _____

Telephone Number (s): _____

- Have you had physical therapy this year? Y / N If yes, for how long? _____
- Are you currently receiving ANY type of homecare? Y / N **If yes, please see the front desk**

Please Note: Medicare WILL NOT COVER out-patient physical therapy if they are paying for ANY HOME HEALTH SERVICES.

Is your injury related to an accident? Work related _____ Auto _____ Other _____

_____ Workers Compensation _____ No-Fault _____ Other Accident _____

- Injury/Accident date: _____

Primary Insurance: _____ Phone () _____

Policyholder Name: _____ Relationship _____

Date of Birth: _____ ID# _____ Group # _____

Secondary Insurance: _____ Phone () _____

Policyholder Name: _____ Relationship _____

Date of Birth: _____ ID# _____ Group # _____

I authorize the release of my medical information for purposes of treatment, payment and healthcare operation. Additionally, I authorize and assign any payment of medical benefits to PhysioLogic Physical Therapy, PC and or any individual it may designate for services provided.

Patient Signature

Date