

# Patient Information Sheet (Worker's Compensation)

Name \_\_\_\_\_  M  F DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home PH#: \_\_\_\_\_ Cell/Other PH#: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work PH#: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address & Phone #: \_\_\_\_\_

Referring Provider / Referral Source: \_\_\_\_\_

Married  Divorced  Single  Minor/Child  Widowed  Separated

Emergency Contact: (name, phone # & relationship) \_\_\_\_\_

Social Security Number (last 4 digits): \_\_\_XXX-XX-\_\_\_\_\_

**Have you had any other OT/PT/Speech/Chiro this year?** If so, how many? \_\_\_\_\_

**Are you currently receiving ANY home health services?** \_\_\_\_\_

**Primary Language (if other than English)** \_\_\_\_\_

**You do not need to complete this section if we have a copy of your claim form.**

**Red Flag Rules** require that we now photocopy and verify a Driver's License/Photo ID as proof of identity.

**Employer at time of injury:** \_\_\_\_\_

**Human Resources Contact (if applicable):** \_\_\_\_\_

**Claim #:** \_\_\_\_\_

**Work Comp Carrier** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Adjuster:** \_\_\_\_\_

**Adjuster Phone #:** \_\_\_\_\_ **Adjuster Fax #:** \_\_\_\_\_

**Date of Injury:** \_\_\_\_\_

## Worker's Compensation:

If you are hurt on the job, your employer's workers compensation carrier will cover your care upon authorization from your adjuster. However, please be advised that if your claim is denied (for example, through litigation or failure to file a claim), you may be held responsible for the total amount of charges for services provided to you. **We do not accept liens under any circumstances.**

**\*\*Twenty-four hours notification is requested when canceling an appointment. Thank you!**

(In the event of multiple cancellations or No-Shows, you **will** be charged a \$25 fee for missed appointments.)

I hereby state that the information I have provided is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_