



Wave Physical Therapy

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Victorville, CA 92395
Phone: 760-552-4230, Fax: 760-245-8855
www.wavephysicaltherapy.com

Personal Information

Name: _____ Today's Date: _____
Social Security # _____ D.O.B _____ Age: _____ Sex: F M
House phone: _____ Cell phone: _____
Email _____ Race: _____ Ethnicity _____
Preferred Language _____ Who referred you? _____
Address _____
Are you currently working: Y N Disabled
Employer Name and Address _____
Work Phone: _____ Are you currently in school: Y N

Emergency Contact Information

Name: _____ Phone number _____
Address: _____
Relationship to patient: _____
Name: _____ Phone number _____
Address: _____
Relationship to patient: _____

Insurance Information

Primary insurance: _____ Insured Name: _____
Id# _____ Group#: _____
Primary Care Physician: _____
Referring physician (if same as PCP leave blank) _____
Secondary insurance: _____ Insured Name: _____

Your Co-Pay is due at the time of service. Thank you!

I hereby authorize payments directly to WAVE PHYSICAL THERAPY for any service furnished me by that party who accepts assignment. Regulation pertaining to Medicare assignment of benefits apply. _____ (Please initial)

In Medicare/Other insurance company assigned cases, the physician/supplier accepts the Charge determination of Medicare/ Other insurance company as the full charge (excluding non-contracted insurance), and the patient is only responsible for deductible, coinsurance, co-payment or non-covered services.

Signature: _____ Print Name: _____

Constitutional:

- Fatigue Yes No
Fever Yes No
Weight loss Yes No

Neurology:

- Headache Yes No
Memory loss Yes No
Seizures Yes No
Tingling/Numbness Yes No
Tremors Yes No
Weakness in arms Yes No
Weakness in legs Yes No

HEENT:

- Change in vision Yes No
Change in hearing Yes No

Cardiology:

- High Blood Pressure Yes No
Chest pain Yes No
Dizziness Yes No
Irregular heartbeats Yes No

Respiratory:

- Cough Yes No
Shortness of breath Yes No
Wheezing Yes No

Gastroenterology:

- Abdominal pain Yes No
Blood in stool Yes No
Constipation Yes No
Diarrhea Yes No
Nausea Yes No
Vomiting Yes No

Genitourinary:

- Incontinence Yes No
Blood in urine Yes No

Endocrinology:

- Thyroid problems Yes No

Hematology/Lymph:

- Anemia Yes No
Bleeding disorder Yes No
Easy bruising Yes No

Musculoskeletal:

- Muscle twitches Yes No
Muscle pain Yes No
Joint pain Yes No
Joint stiffness Yes No
Joint swelling Yes No
Leg cramps Yes No
Muscle cramps Yes No

Psychology:

- Serious depression Yes No
Sleep disturbances Yes No
Suicidal ideations Yes No

Name _____