

Success Physical Therapy and Balance Center

2842 West Sepulveda Blvd

Torrance, California 90505

(310) 325-0800

Patient Information for Medical Records-Confidential

Date _____

Name _____ Gender M F

Address _____ City _____

State _____ Zip Code _____ HomePhone(_____) _____

Work Phone (_____) _____ Cell Phone (_____) _____

Date of Birth _____ / _____ / _____ Social Security Number _____

Referring Physician _____ Marital Status Single Married Other _____

Employment Status Full-Time Part-Time Unemployed Retired Student Status Full-Time Part-Time

Occupation _____ Employer's Name _____

Employer's Address, City, State _____

Have you ever received treatment for this injury? No Yes, with _____

Date of Injury: _____ Was this related to an: Automobile Accident On-the-job injury

In case of EMERGENCY, please contact: Name, Phone Number, Relationship to Patient

Medical Insurance Information-Primary Insurance

Name of Insurance Company _____

Identification Number _____ Group Number _____

Name of Employer Sponsoring Insurance _____

If someone other than the patient is responsible for payment, please complete the following:

Name _____ Date of Birth _____ / _____ / _____ Gender M F

Address/City/State/Zip code _____

Home phone (_____) _____ Relationship to patient _____

Medical Insurance Information-Secondary Insurance

Name of Insurance Company _____

Identification Number _____ Group Number _____

Name of Employer Sponsoring Insurance _____

If someone other than the patient is responsible for payment, please complete the following:

Name _____ Date of Birth _____ / _____ / _____ Gender M F

Address/City/State/Zip code _____

Home phone (_____) _____ Relationship to patient _____

Worker's Compensation Information

Name of Insurance Company _____

Claim Number _____ Adjuster's Name _____