



Specializing in Orthopaedic
and Sports Injuries

BLAKE Physical Therapy

4820 Lincoln Blvd, MDR, 90292 • 1714 17th St, Santa Monica, 90404
Tel (310) 822-0041 Fax (310) 822-0049 www.blakephysicaltherapy.com

PATIENT INFORMATION

Date: _____

Last Name: _____ First Name: _____

DOB: _____ Age: _____ Marital Status: _____ Sex: M F

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____ Cell Provider: _____

SSN: _____ Occupation: _____ Employer: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Employer Phone: _____ Email: _____

Emergency Contact: _____ Phone #: _____ Relationship: _____

Primary Physician: _____ Referring Physician: _____

How did you hear about us? _____

Please Circle: DOCTOR INTERNET SEARCH FAMILY/FRIEND YELP OTHER

Were you injured at work? ___ Yes ___ No

Was the injury a result of an accident? ___ Yes ___ No

Was an automobile involved? ___ Yes ___ No

Medicare Patients Only:

Are you currently receiving Home Health for any reason? ___ Yes ___ No

Have you received Home Health care within the last 90 days? ___ Yes ___ No

If YES, when was the start date: _____ End date: _____

Home Health Agency Name: _____

Patient Signature

Date