



Physical and Occupational Therapy at Home or Clinic
Medicare Provider

Office (561) 859-6711 Fax (888) 737-0680

10151 Enterprise Ctr. Blvd. Suite 107 Boynton Beach, FL 33437

FAU Memory & Wellness Center 777 Glades Rd. Boca Raton, FL 33431

Patient Intake Form

PERSONAL INFORMATION

Name Home Phone

Address 1 Alternate Phone

City State Zip

Is this the Primary billing address? (circle one) Yes No

Address 2

Is this the Primary billing address? (circle one) Yes No

Social Security Number Gender (circle one) Male Female

Emergency Contact (Name, Relationship, Phone)

Date of Birth Marital Status (circle one) S M W D Sep.

Referring Physician Last MD Appointment

Physician Address

BILLING INFORMATION

Guarantor Name same as above Guarantor Phone Number

Guarantor Address same as above

Guarantor City State Zip

Social Security # Gender Date of Birth

Method of Payment (circle one) Self Medicare Work Comp Auto/PIP Other

Payor One Group # Policy*

Address Phone

Effective Date

Payor Two Group # Policy*

Address Phone

Effective Date