

Canyon Physical Therapy & Aquatic Rehabilitation  
2852 N Navajo Dr. Suite A • Prescott Valley, AZ 86314

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_  
SSN \_\_\_\_\_ Marital Status S M D W  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Referred By \_\_\_\_\_ Primary Care Physician \_\_\_\_\_  
e-mail \_\_\_\_\_

Is this related to an auto or any other accident, example: slip & fall? \_\_\_\_\_

Do you have an attorney involved? \_\_\_\_\_

Is this an Industrial (work related) injury? \_\_\_\_\_

(If applicable please complete information at bottom)

**Spouse, Parents, or Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
**Patient/Responsible Party Signature**

\_\_\_\_\_  
**Date**

**INSURANCE**

**SOME INSURANCE PLANS WILL ONLY ALLOW TREATMENT AS PERSCRIBED BY YOUR PHYSICIAN\***

Primary Insurance \_\_\_\_\_ ID# \_\_\_\_\_ Group# \_\_\_\_\_

Name of Policy Holder if other than patient \_\_\_\_\_ SSN of policy holder \_\_\_\_\_

Policy Holder DOB \_\_\_\_\_

Secondary Insurance \_\_\_\_\_ ID# \_\_\_\_\_ Group# \_\_\_\_\_

Name of Policy Holder if other than patient \_\_\_\_\_ SSN of policy holder \_\_\_\_\_

Policy Holder DOB \_\_\_\_\_

**Please complete appropriate insurance information for Workers' Compensation Case.**

Industrial Carrier \_\_\_\_\_ Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Claim # \_\_\_\_\_ Date of Injury \_\_\_\_\_

Employer at Time of Injury \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

**Please complete appropriate information for accident, slip & fall or any incident where an attorney is involved.**

Auto Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Claim # \_\_\_\_\_

Date of Accident \_\_\_\_\_ Do you have an attorney \_\_\_\_\_

Attorney Name \_\_\_\_\_ Phone \_\_\_\_\_