



FOLSOM PHYSICAL THERAPY
and Training Center

(916) 355-8500
115 Natoma Street
Folsom, CA 95630
fpt@folsomphysicaltherapy.com

Chart #: _____

PATIENT INFORMATION

Date: _____

Name: _____ Last 4 SSN: _____ DOB: _____ Cell Phone: _____

Address: _____ City/State: _____ Zip: _____ Home Phone: _____

Email: _____ Employer: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Date of Onset/Injury: _____ Diagnosis: _____

How Did You Hear About Us? Please check all that apply

My doctor referred me: _____

Another health professional referred me: _____

A friend referred me (name of friend so we can send a thank you card if possible): _____

Web search: _____

Yelp or Google review: _____

Social Media (circle one): Facebook Twitter Instagram Nextdoor

Other: _____

Referring M.D.

Name: _____ Phone: _____ Fax: _____

Address: _____ City/State: _____ Zip: _____

Next MD Appointment: _____

[Office use only]

Insurance: Medicare ___ Self Pay ___

Therapist: _____