



Patient Intake Form

For all future appointments, which type of appointment reminder do you prefer?

Contact Information:

Full Name: Address: City: State: Zip:
Home Phone: Cell Phone: Work Phone:
Date of Birth: SSN: Email:

Emergency Contact Information:

Full Name: Relationship: Phone Number:

Employer:

Company Name: Address: City: State: Zip:

Who Can we Thank for Sending You to PRA?

Please provide us the name of family/friend who referred you so we can thank them:

Physician Information:

Referring Doctor Name:

Family Doctor Name (if different):

Would you like a copy of your records sent to your family doctor?

Insurance Information:

Primary Insurance Name: ID Number: Group Number:

Policy Holder Relationship to Patient:

Policy Holder Name (if different from patient): Policy Holder DOB:

Please bring copies of any secondary and tertiary insurance policies to your first appointment

For Medicare Patients:

1. Are you receiving Home Health Care or services from the Visiting Nurses Association? (VNA)
2. Are you receiving Black Lung Benefits?
3. Has the Department of Veterans Affairs authorized and agreed to pay for your care at this facility?

Motor Vehicle Accident Injuries:

If you are receiving care for injuries from a Motor Vehicle Accident, in what State did the accident occur?