Corona Hands-On Therapy

Patient Intake Form

90-46 Corona Ave, Elmhurst, NY 11373 | (347) 229-9167

Patient Information

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Address: _____

Emergency Contact: _____

Case / Insurance Information

Case Type (Auto / Work / Home / Other): _____

Insurance Provider: _____

Policy / Claim Number: _____

Referring Physician (if any): _____

Reason for Visit

Please briefly describe your pain, injury, or reason for seeking treatment:

Consent

I certify that the information provided above is accurate to the best of my knowledge, and I consent to evaluation and treatment at Corona Hands-On Therapy.

Patient Signature: _____

Date: _____