Southern Maine Physical Therapy, P.A.
449 Cottage Road, South Portland, ME 04106
(207) 799-9700 ● (207) 799-9706 (fax)

New Patient Intake Form

NAME:_____ _____ _____
(First) (MI) (Last)

PREFERRED NAME:_____ DATE OF BIRTH:_____

MAILING ADDRESS:_____
(Street) (City) (State) (Zip)

HOME:_____ WORK:_____ CELL:_____ circle preferred number

☐ I would like to receive emails _____
E-mail address for monthly newsletter

☐ I would like to receive text messages _____
Cell phone number for text reminders

PRIMARY CARE PHYSICIAN:_____

DOCTOR (referred by):_____

EMPLOYER:_____ OCCUPATION:_____

INSURANCE

Please send claims to:

☐ Workers Compensation:_____ _____
Insurance Name Claim #

☐ Auto Insurance:_____ _____
Insurance Name Claim #

☐ Commercial/Medicare Insurance:_____
Insurance Name

EMERGENCY CONTACT

Person to contact in case of an emergency:_____

Relationship:_____ Phone:_____

I agree to receive electronic messages from Southern Maine Physical Therapy, PA (SMPT), by email and/or text messages to the contact information provided below. I understand that these messages will be used for appointment reminders, scheduling questions and confirmations, and other communication that will not reveal any protected health information (PHI). I can request SMPT to stop electronic communications at any time by providing a written or verbal request.

Signature:_____ Date: _____

How did you first hear about SMPT? Please circle

Family/Friend Social Media/Online Doctor Other:_____