



FOOTHILLS Physical Therapy

Boise: 1673 W. Shoreline Drive, Suite 230, 83702 ♦
(208) 343-4700, Fax: (208) 343-4706
Meridian: 1618 S. Millennium Way, Suite 210, 83642 ♦
(208) 884-4647, Fax: (208) 884-8984
Eagle: 645 E. State Street, Suite 101, 83616 ♦
(208) 939-9594, Fax: (208) 939-9828
foothillspt.com

PATIENT INTAKE

Appointment Date:

Therapist:

Personal Information

Patient Name

Nickname(s) or Preferred Name

Home Address

City, State, Zip Code

Home Phone #

Work Phone #

Cellular Phone #

Date of Birth

Age

Social Security Number (SSN)

Sex: M or F

Employer

Employer Address

City, State, Zip Code

Occupation

Marital Status M S D W

Emergency Contact: Name and Phone #

Email Address:

POLICY HOLDER/RESPONSIBLE PARTY INFORMATION

Name (last/first/m)

Address

City, State & Zip Code

Phone #

Work #

Cell #

Gender

Male Female

Social Security # (SSN)

Employer

Date of Birth

Occupation

Relationship to Patient(circle)

Self Spouse Parent Other