Salish Sea
Physical Therapy

222 Anthes Ave, Langley, WA 98260 • (360) 221-5432 • salishseapt.com

Patient Information

Last Name:_____

First:_____

Middle:_____

Date of Birth:_____ Sex: M / F

Home Phone:_____

Cell Phone:_____

Email:_____

Address:_____

_____

City:_____

State:_____ Zip:_____

Employment Information: *(L&I Only)*

Company Name:_____

_____

Work Phone:_____

Work Address:_____

_____

Work City:_____

Work State:_____ Zip:_____

Is this a work related injury? Y / N

If Yes, what is the date of injury?_____

Emergency Contact

Contact Name:_____

Contact Phone:_____

Parent/Guardian:_____

_____

Insurance Info: *(or copy of card)*

Insurance Company:_____

_____

Subscriber ID:_____

Group:_____

Medications: *(List or provide a copy)*

_____

_____

_____

_____

_____

Referring Provider:

_____

Primary Care Provider: *(if different)*

_____