# *Atlantis Physical Therapy Group, Inc.*

*Personalized Fitness Solutions to Enhance People's Lives*
62 Warren Street, Roxbury, MA 02119
Tele: 617.442.0111 Fax: 617.442.0110

## *General Liability Intake Form*

Intake Date: _____ Interviewer: _____

### BASIC PATIENT INFORMATION

Circle One: **General Liability** **MBTA** **Slip & Fall**

Date of Injury: _____ Gender: **Male / Female** (circle one)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone/Pager: _____ Date of Birth: _____

Social Security No: _____ License: _____

Marital Status: **Single** **Married** **Divorce**

### EMPLOYMENT INFORMATION

Employer Name: _____

Occupation: _____ Tele #: _____

Are you missing time from work? **YES** **NO** (circle one)

How long? _____

### ATTORNEY INFORMATION

Name: _____

Address: _____

Telephone #: _____ Contact: _____

## HEALTH INSURANCE INFORMATON

Do you have Health Insurance? **YES** **NO** (circle one)

Name of Health Insurance Carrier: _____

Subscriber: _____ Card No: _____

Group No: _____ Exp. Date: _____

## GENERAL LIABILITY/MBTA INFORMATION

Owner of Property: _____

Location of Property: _____

_____

MBTA bus No: _____ Route: _____

Insurance Carrier Name: _____

Claim No: _____ Adjustor: _____

## INJURY INFORMATION

Were Police at the scene? **YES** **NO** (circle one)

Was patient removed from the scene by ambulance? **YES** **NO** (circle one)

Was patient taken to Hospital? **YES** **NO** (circle one)

Name of Hospital: _____ Date of visit: _____

What are your major complaints: _____

_____

## DESCRIPTION OF ACCIDENT

Brief description of accident, please write below:

_____

_____

_____

I understand and agree that Health and Accident Insurance policies are an arrangement between the insurance carrier and myself. I authorize payment from my Insurance Carrier directly to this office with the understanding that all monies will be credited to my account upon receipt.

Patient's Name: _____ Date: _____

Patients Signature: _____