

**R & R PHYSICAL THERAPY, INC.
4099 E. 22ND STREET, STE 103
TUCSON, AZ 85711
P 520.325.2001 F 520.325.2007
NEW PATIENT INTAKE FORM**

NAME: _____ **APPT DATE & TIME:** _____

PHONE #: _____ **DOB:** _____

PROBLEM: _____

REFERRED BY: _____

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PT TYPE: INS. - MEDICARE - MED PAY - LIEN - WKR'S COMP - CASH

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INSURANCE CO: _____ **PHONE #:** _____

ID/CLAIM # _____ **GROUP #** _____

PRIMARY INSURED: _____ **DOB** _____

RELATIONSHIP TO PT: _____ **EMPLOYER:** _____

DATE: _____

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Please fax this form to (520) 325-2007