



## ProFitness Physical Therapy

### East Side

171 East 84 Street  
New York, NY 10028  
212-327-0600

### West Side

1841 Broadway  
New York, NY 10023  
212- 262-4479

### Brooklyn

50 Court Street  
Brooklyn, NY 11201  
718-858-6546

Today's Date: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT # \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME TEL: (\_\_\_\_) \_\_\_\_\_ WORK TEL: (\_\_\_\_) \_\_\_\_\_

SOCIAL SEC # \_\_\_\_\_ MEDICARE # \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

If you would like to receive health up-dates, our newsletter, etc, via e mail please provide us with your

E Mail Address: \_\_\_\_\_

You may be taken off our e-mail list at any time.

INSURANCE CARRIER \_\_\_\_\_ INSURANCE TEL # \_\_\_\_\_

INSURED NAME: \_\_\_\_\_ SOCIAL SEC # \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

Group Policy # \_\_\_\_\_ Insurance I.D.# \_\_\_\_\_

In Case of emergency notify: \_\_\_\_\_ Tel (\_\_\_\_) \_\_\_\_\_

Primary Care Physician (PCP) \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Diagnosis/Nature of Problem: \_\_\_\_\_

### HOW DID YOU HEAR ABOUT US?

My Doctor  List  Family Member  Friend  Insurance Manual

Postcard  Internet  Newspaper Ad  Other \_\_\_\_\_