Occupational Therapy

42 Race Street, San Jose, CA 95126, (408) 294-8020 Phone, (408) 294-8022 Fax

Teresa Khuong, MS, OTR/L
Lead Occupational Therapist

PATIENT INTAKE FORM

PATIENT NAME		DATE OF BIRTH		SEX	☐ M ☐ F
ADDRESS		CITY		STATE		ZIP CODE	
SSN		HOME PHN#		CELL #	
EMAIL		OCCUPATION		EMPLOYER	

EMPLOYMENT STATUS (CHECK ONE)	☐ NOT EMPLOYED	☐ FULL TIME	☐ PART TIME	☐ STUDENT (PT/FT)	☐ RETIRED

NATURE OF ACCIDENT		DATE OF INJURY	
☐	INJURED AT HOME?	IS THIS A WORKERS' COMPENSATION INJURY?	REFERRING PHYSICIAN
☐	INJURED AT SCHOOL?		
☐	DURING RECREATION?		WHO REFERRED YOU?
☐	INJURED AT WORK?		
☐	VEHICLE COLLISION?	☐ YES ☐ NO	ARE YOU ABLE TO WORK?
☐	ILLNESS?		☐ YES ☐ NO
☐	OTHER:		

MARITAL STATUS (CHECK ONE)	☐ MARRIED	☐ DIVORCED	☐ SINGLE	☐ MINOR	☐ WIDOWED

PRIMARY INSURANCE COMPANY NAME		MEMBER ID NO/ CLAIM NUMBER	
ADDRESS		CITY		STATE		ZIP CODE	
INSURANCE PHONE NUMBER		INSURANCE FAX NUMBER	

I AUTHORIZE THE RELEASE OF ANY MEDICAL OR OTHER INFORMATION NECESSARY TO PROCESS CLAIMS ON MY BEHALF. I ALSO AGREE TO BE FULLY RESPONSIBLE FOR ALL LAWFUL DEBTS INCURRED BY MYSELF FOR SERVICES RECEIVED FROM THE EDGE OCCUPATIONAL THERAPY, AND CONSENT TO MEDICAL TREATMENT, WHETHER COVERED BY INSURANCE OR NOT.

PATIENT SIGNATURE ______________________________ DATE ________________