



GOOD HEALTH
PHYSICAL THERAPY &
WELLNESS

Westside: 4475 SW Scholls Ferry Rd, Suite 258
Portland, OR 97225
Eastside: 4943 NE Martin Luther King Jr. Blvd
Portland, OR 97211
Phone: **503-292-5882**

Patient Information

Last Name: _____ First Name: _____ M.I.: ____ Goes By: _____

Date of Birth: _____ Age: _____ Sex: _____ SS#: _____

Home Address: _____
City State Zip Code

Mailing Address: _____
City State Zip Code

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____ (email addresses used only by GHPT)

Does our office have permission to leave a detailed message on your voicemail? YES NO

I would like to receive Goodell Physical Therapy's quarterly newsletter and updates by email: YES NO

Marital Status: Single Married Widowed Other Spouse/Partner Name _____

Work Status: Employed FT Student PT Student N/A

Employer: _____ Title/Position: _____

Have you received Physical Therapy Before?: _____ If yes, where: _____

How did you hear about us? _____

I would like to receive appointment confirmations by _____ email _____ text? (cell #)

Emergency Contact

Last Name: _____ First Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Do we have permission to discuss medical information with your emergency contact? Yes No

Insurance Information

Primary Insurance: †see card attached (if you are not the policyholder please complete below)

Policyholder's Name: _____ Date of Birth: _____

Relationship: _____ Employer: _____

Secondary Insurance: †see card attached (if you are not the policyholder please complete below)

Policyholder's Name: _____ Date of Birth: _____

Relationship: _____ Employer: _____