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: _____ SS#: _____

Gender: _____ Pronoun(s) _____ Sex designated on Insurance: _____

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: _____