

Ascent Physical Therapy, PC
Elizabeth Record PT, DPT, MA
Clara Moon PT, DPT
2712 Bee Caves Rd, Ste 110, Austin, TX 78746
Ph: (512) 732-2220 Fax: (512) 732-2227

Patient Information Record

Patient Name _____
Last First Middle

Address _____
Street Apt. City State Zip

Phone _____
Mobile Home Office Ext.

Preferred phone number for communication: Mobile ☐ Home ☐ Office ☐

Date of Birth ____/____/____ Sex: M () F () Other: _____ Preferred Pronouns: _____

Drivers License# _____ State _____

Email _____

Employer Name or School _____ Occupation _____

Address _____
Street City State Zip

Referring Physician _____

Spouse/Parent Name _____ Work Phone _____ Home Phone _____

Insurance Policy Holder

Name of Insured _____ Date of Birth ____/____/____ Relationship to Patient _____

ID#: _____ Insurance Carrier _____ Phone _____

Local Person to Notify in case of Emergency

Name _____ Phone _____

CONSENT TO CARE AND TREATMENT: I, the undersigned, do hereby agree and give my consent to the physical therapists of Ascent Physical Therapy and their designees to furnish medical care and treatment to myself or my child considered necessary and proper by my physician and according to today's standards.

MEDICAL INFORMATION: I authorize the physical therapists of this office to release any information they have acquired in the course of my treatment, or my child's treatment, to my insurance company or companies or any third party payer so that they may obtain payment for medical / physical therapy services rendered.

INSURANCE AUTHORIZATION: I hereby authorize the physical therapists or staff of this office to furnish information to my insurance carriers concerning myself or my child's treatments.

ASSIGNMENT OF BENEFITS: I authorize the insurance company or any third party payer to pay any benefits due directly to this office should they accept assignment on my claim.

I agree that I am financially responsible for the account even though Insurance may be pending on all or a portion of the charges.

Signature of Patient or Parent / Guardian _____ Date _____