

BOCA RATON
7301 W Palmetto Park Rd #101C
Boca Raton, Florida 33433
(561) 392-5131

BOYNTON BEACH
10075 Jog Road, Suite 201
Boynton Beach, Florida 33437
(561) 733-1012



TAMARAC
7301 University Drive, Suite 301
Tamarac, Florida 33321
(954) 752-1500

www.lymphatx.com

PATIENT INFORMATION

Must be updated/filled out EVERY six months and/or if any of the below information should change at anytime.

Date of Evaluation: ____/____/____

Last Name: _____ First Name: _____

D.O.B: _____ Social Security #: _____ Sex: _____ Age: _____

Address: _____ Apt. #: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Cell: _____

Email Address: _____

In Case of Emergency call: _____ Phone: _____

Your Chief Complaint _____
(or area requiring treatment)

Whom may we thank for referring you to us? _____ Phone: _____

Referring Physician: _____ Phone: _____

Rx Date: _____

Primary Physician: _____ Phone: _____

List ALL Medications: _____

List Any Surgery and the Dates: _____

Are you Receiving Home Health Nursing care now or in the past 3 months? Yes or No
(This includes nursing, occupational/physical therapy and/or any skilled medical service paid for by Medicare Part A)

Primary Ins. Name: _____ ID#: _____

Group #: _____ Phone: _____

Supplemental Name: _____ ID#: _____

Group #: _____ Phone: _____

I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance of my account for any professional services rendered. I have read all the information and have completed the above answers. I also understand that ALL sales are final. I certify this information is true and correct to the best of my knowledge.

I will notify Lymphatx of any changes in my status or above information.

Signed: _____ Date: _____

PLEASE DO NOT FILL OUT PORTION BELOW **For Office Use Only**

Discipline: PT or OT

Diagnosis 1: _____ 2: _____ 3: _____