



# HIGHLINE PHYSICAL THERAPY

Dear New Patient,

Thank you for choosing Highline Physical Therapy for your care.

To insure we are maintaining your care within Labor and Industry guidelines please answer the questions regarding **previous treatment** prior to today's appointment for your claim#\_\_\_\_\_.

If you have **not** had previous treatment for your current injury, please circle **NONE**.

Massage Therapy?      **Yes/No**    Number of treatments? \_\_\_\_\_

Physical Therapy?      **Yes/No**    Number of treatments? \_\_\_\_\_

Occupational Therapy? **Yes/No**    Number of treatments? \_\_\_\_\_

Speech Therapy?      **Yes/No**    Number of treatments? \_\_\_\_\_

\*\*Clinic Name:\_\_\_\_\_

Therapist Name:\_\_\_\_\_

Address:\_\_\_\_\_

Phone Number:\_\_\_\_\_

Thank You for providing us with this information.

Patient Name \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Sincerely,

Highline Physical Therapy  
Billing Office