



H I G H L I N E P H Y S I C A L T H E R A P Y

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