

Core Rehabilitation
1750 Longleaf Blvd STE 5&6
Lake Wales, FL 33859



Patient Demographics Form

New Patient Returning Patient

Date: _____

Patient Name: _____
Last First Middle

Date of Birth: _____

Street Address: _____

City/State/Zip: _____

Phone Number: (Home) _____ (Cell) _____ (Work) _____

Gender: Male Female

Language: English Spanish Other: _____

Email Address: _____

Referring Physician: _____

Have you received any other physical therapy? Yes/No

When? _____ Where? _____

Emergency Contact

Contact Name: _____ Relationship: _____

Contact Phone: _____

How did you hear about us:

Self _____ Email _____ Friend/Relative _____ Facebook/Workshop _____

Print Ad _____ Newsletter _____ Healthcare Provider _____