



Team Rehab Physical Therapy, P.C.

10-15A Fort Salonga Road

Fort Salonga, New York 11768

631-343-9194

Send to:	From:
Attention:	Date:
Phone Number:	Total pages (including cover):
Fax number:	Regarding: Your intake paperwork

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The forms that you are required to complete **prior to** your initial evaluation will follow this page. Please read each form carefully, fill in all the requested information, as well as sign and date each page.

Please bring all of these **completed** forms with you to your initial evaluation appointment. **If the forms are not completed prior to your appointment time it will detract from the time that your therapist will be able to spend evaluating and treating your condition.**

Your initial evaluation is scheduled for: _____, _____, _____ @ _____.
Day Month Year Time of Day (am/pm)

Please arrive promptly for your appointed time.

As a reminder, we request that (in addition to your completed paperwork) you **bring the following:**

- Your insurance card**
- Driver's license**
- The original physician's prescription for physical therapy**
- Any MRI or x-ray reports you may have** (these are recommended and not required).
- Appropriate clothing**– Gym attire is preferred, if possible

We look forward to meeting you!