



# Magill & Gardner Physical Therapy, P.C.

## PATIENT INFORMATION FORM

WILLIAM L. MAGILL, PT, DPT, CSCS  
KEVIN K. GARDNER, PT  
BRIAN O'NEIL, PT, OCS, CSCS

DATE \_\_\_\_\_

PATIENT'S NAME \_\_\_\_\_

IF CHILD – PARENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE (Home) (\_\_\_\_) \_\_\_\_\_ (Cell) (\_\_\_\_) \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYED BY \_\_\_\_\_ BUSINESS ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

REFERRING DR. \_\_\_\_\_

DATE OF INJURY \_\_\_\_\_

PRIMARY CARE PHYSICIAN \_\_\_\_\_

PLEASE PROVIDE INSURANCE CARD FOR US TO COPY.

HOW DID YOU HEAR ABOUT MAGILL & GARDNER PHYSICAL THERAPY?

\_\_\_\_\_

IN CASE OF EMERGENCY, WHOM SHOULD BE NOTIFIED?

\_\_\_\_\_

**PLEASE READ AND SIGN OUR FINANCIAL POLICY AND  
NOTICE OF PRIVACY PRACTICE ON THE BACK.**