

Performance Physical Therapy and Rehabilitation, PC

Please provide your e-mail address. It allows you to communicate with your PT between visits. It allows us to send you information about your condition and home exercises. We will never spam you, and you can very easily opt out if you don't want to receive that information.

Email Address _____

Condition Information

Have you had Therapy this year? Y/N Type: PT OT Speech	Emergency Contact: Relationship: If yes, then where was your therapy?	Phone #:
Is your condition due to an auto or work comp accident?	Date of Accident?	
Type of Accident: Auto/Work	If other, Please qualify:	
Did you file a claim? Y/N	Adjuster's Name: Claim #:	Adjuster's Contact Number:
Do you have an Attorney?	Attorney's Name:	Attorney's Contact Number:
Please provide any additional information:		

How did you hear about us?

- Friend _____
- Search engine (Google, Yahoo, etc.)
- Physician _____
- Social Media/Online (Facebook, Instagram, etc.)
- Other _____