VALLY MEDICAL GROUP, APC
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New Patient Intake Form

Personal Information

Full Name: _____ | Birthdate: _____/_____/_____
Gender: _____ | Social Security Number: _____
Phone (Home): _____ | Cell: _____
Email: _____
Mailing Address: _____
Physical Address: _____
Emergency Contact: _____ | Relationship: _____
Emergency Phone: _____

Injury Information

Type of Injury: [ ] Work [ ] Personal Injury [ ] Auto
Date of Injury: _____/_____/_____

Insurance Information

Name of Insurer: _____ | Adjuster: _____
Phone: _____ | Email: _____
Claim Number: _____

Employment Information

Name of Employer: _____ | Job Title: _____
Supervisor's Name: _____ | Supervisor's Title: _____
Phone: _____ | Fax: _____
Email: _____
Days Worked Per Week: _____ | Hours Worked Per Day: _____
Duration of Employment: _____

Work Activities Required (check all that apply):
[ ] Reaching (above shoulders) [ ] Standing [ ] Walking [ ] Climbing
[ ] Lifting [ ] Squatting [ ] Kneeling [ ] Twisting
[ ] Driving [ ] Pulling [ ] Detailed Handwork
[ ] Bending [ ] Stooping [ ] Sitting [ ] Pushing

Maximum Weight You Can Lift: _____ pounds

(Continued)

Injury Details

How did this injury occur? Please provide details (location, time of day, weather, witnesses, injured body parts, person reported to, etc.):

_____
_____
_____
_____

Were you seen at an Urgent Care or Hospital? [ ] Yes [ ] No
If Yes, list date and facility: _____

For Work-Related Injuries:

Was any PPE worn? [ ] Yes [ ] No
If Yes, list types of PPE: _____

Were you exposed to dust, fumes, or gas? [ ] Yes [ ] No
If Yes, list: _____

Were you required to work around moving machinery? [ ] Yes [ ] No
If Yes, list: _____

Are you currently employed and working for this employer? [ ] Yes [ ] No
If Yes, list details: _____

Consent and Acknowledgement

I certify that the information provided is accurate. I authorize Vally Medical Group, APC to use this information for treatment and billing in accordance with HIPAA.

Patient Signature: _____ | Date: _____/_____/_____

For Office Use Only

Received By: _____ | Date: _____/_____/_____