

KECK PHYSICAL THERAPY

271 Old Barn Road, Suite C

Hendersonville, NC 28791

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**PATIENT INFORMATION SHEET
WELLNESS PROGRAM AND HEALTHWAYS**

CHECK ONE: Silver Sneakers Silver & Fit Keck PT Wellness

FITNESS ID NUMBER: _____

NAME: _____
Last First Middle Initial

MAILING ADDRESS: _____

HOME PHONE: (____) _____ CELL PHONE: (____) _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ MARITAL STATUS: _____

EMERGENCY CONTACT: _____ PHONE: (____) _____

PRIMARY CARE PHYSICIAN: _____

HEALTH PLAN NAME, PLUS SECONDARY:

I have been advised of the HIPPA regulations and a copy is available to me.

I hereby voluntarily consent to participate in the Wellness Program OR Silver Sneakers OR Silver & Fit and understand that the program is monitored by a staff member employed by, or acting as an agent of KECK PHYSICAL THERAPY.

Signature of Patient

Date