Sandra J Wells PT, PC Physical Therapy
1603 Union Street, Schenectady, NY 12309
518-370-0265 (office); 518-377-5777 (fax)

Please Print

Patient Name: _____ _____
First Last

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Telephone: Home: _____

Cell: _____

Work: _____

☐ Married ☐ Single ☐ Other

Birthday: _____

Patient's Social Security Number: _____

Employer: _____

Insurance Company: _____

Identification Number: _____

Insured's Name (if other than patient) _____

Insured's Birthdate: _____

Co-Plan #: _____

Primary Care Physician: _____

I understand that I am responsible for any balance due.

Signature: _____ Date: _____