



CHEAR Physical Therapy
881 Alma Real STE 211 * Pacific Palisades, CA 90272
Phone 310.454.0060 * Fax 310.454.0065

Last Name _____ First _____ DOB _____

Address _____ APT/STE _____

City _____ State _____ Zip Code _____

HOME Phone _____ Primary _____ CELL _____ Primary _____

Email _____

Appointment Notifications (automated): VM _____ Email _____ Text _____

****YOU MUST CALL CHEAR OFFICE 310.454.0060 to cancel or reschedule****

EMERGENCY CONTACT

Name _____ Relationship _____ Phone _____

PATIENT WORK INFORMATION

Employer's Name _____ Address _____

City _____ State _____ Zip Code _____

Work Phone _____ Ext. _____ Occupation _____

REASON FOR VISIT

Diagnosis _____ Date of Injury _____

Referring Doctor _____ Doctor's Phone _____

Authorization to Pay

CENTER FOR HEALTH ENHANCEMENT AND REHABILITATION (CHEAR)

Assignment of Benefits

I hereby authorize my insurance benefits to be paid directly to CENTER FOR HEALTH ENHANCEMENT AND REHABILITATION (CHEAR) and I understand that I am financially responsible for non-covered services and any amount not paid by my insurance. I understand that CHEAR is not a provider for MEDI-CAL services. I also authorize CHEAR to release any information to process this claim.

SIGNED _____ DATE _____