



LEAP Physical Therapy

LONG ISLAND EXERCISE FOR ADULTS & PEDIATRICS
55 POST AVE WESTBURY NY 11590 • PH: 516 3385327 • FAX: 516 3385320

New Patient Intake Form

Name: _____

DOB: _____

Address: _____

Phone: _____ (H)

_____ (C)

Primary

Insurance: _____

Client ID# _____

Phone # _____

Secondary

Insurance: _____

Client ID# _____

Phone # _____

Submit your Intake form and Physician's Prescription to:

Email: leap.pt55@gmail.com or Fax: 516-338-5320