



## Synergy Rehab, OT LLC:

### Patient Demographics

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Gender: \_\_\_\_\_

DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary/Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Please Email This Information to:**  
**Outpatient@synergyrehabct.com**  
**EFiakos@synergyrehabct.com**