Southwest Family Physicians
YOUR FAMILY IS OUR FAMILY

11900 SW Greenburg Road
Tigard, OR 97223
Phone: 503.620.5556
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Workers' Compensation Information

Patient's Name: _____ Today's Date: ___/____/_____

DOB: ___/____/_____ Date of Injury: ___/____/_____

W/C Company Name: _____
W/C Company Address: _____

Have you been seen by previous provider or clinic? Yes / No

If yes, where and what type of provider? **(Ex. PA, NP, Chiropractor, DO, MD, ER)**

_____

Have you been treated by any physical medicine provider before today? Yes / No

(Ex: Massage, Physical Therapy, Acupuncture)

If yes, where? _____

Claim number: _____

Adjuster's Name: _____

Phone number: _____ Fax number: _____

Do you know if you are enrolled in a Managed Care Organization? Yes / No / Unsure

If yes, date enrolled: _____

If yes, which Managed Care Organization?

Caremark
Providence
Majoris
Other: _____

Private insurance information:

_____