

Your First Visit

Download Forms

Please download, print and complete the necessary forms prior to arriving at your first visit

[New Patient Intake Form: Private Insurance Only or Self Pay](#)

[New Patient Intake Form: Workers Compensation or No-Fault \(Car Accident\)](#)

Must Be Filled Out Also:

[HIPPA Consent Form For Privacy Practice](#)

[Pre Exam Form](#)

Must Be Filled Out: Functional Disability Index Required by all Insurance Companies:

[Oswestry Disability: For Back Pain](#)

[Neck Index: For Cervical Pain](#)

[Lower Extremity Functional Scale: For Ankle; Knee; Hip](#)

[Dash: For Shoulder; Elbow; Wrist; Hand](#)

[Dizziness Index: For Balance and Vertigo](#)

If you have any questions, please review our [Frequently Asked Questions](#), [send us an email](#) or call our office **(718) 855-1543**.

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