



Freedom Physical Therapy & Fitness
5310 Acton Highway, Suite 106
Granbury, TX 76049
Phone 817-326-1375 Fax 817-326-2068

Medicare Questionnaire

1. Are you currently employed? YES NO
2. Is your spouse or other family member currently employed? YES NO
3. If so, how many employees work for the employer providing the coverage? _____
4. Are you or your spouse covered under an employer or union health plan that should be primary over Medicare? YES NO
5. Did you sustain this injury or illness while at work? YES NO
6. Did you sustain this injury or illness as a result of an automobile accident? YES NO
7. Are you currently receiving home health of any kind? YES NO
8. If you have been receiving home health care, what was the date of your discharge from that care? _____ Who provided this care? _____

Patient or Guardian Signature: _____

Date: _____