

ARTHRITIS & SPORTS PHYSICAL THERAPY

Patient Registration

FIRST NAME: _____	DOB: _____
LAST NAME: _____	SSN: _____
ADDRESS: _____	MARITAL STATUS: _____
CITY: _____ STATE: _____ ZIP: _____	SEX: _____
INJURY AREA: _____	HOME PHONE: _____
DATE OF INJURY: _____	WORK PHONE: _____
EMPLOYER: _____	CELL PHONE: _____
ADDRESS: _____	EMAIL: _____
CITY: _____ STATE: _____ ZIP: _____	(for appt reminders and newsletters)

PRIMARY INSURANCE: _____	DOB: _____
SUBSCRIBER NAME: _____	
RELATIONSHIP TO PATIENT: SELF SPOUSE CHILD OTHER	
SECONDARY INSURANCE: _____	DOB: _____
SUBSCRIBER NAME: _____	
RELATIONSHIP TO PATIENT: SELF SPOUSE CHILD OTHER	

WORKMAN'S COMP	
CLAIM# _____	POINT OF CONTACT NAME: _____
DATE OF INJURY _____	POINT OF CONTACT #: _____
CLAIM ADDRESS: _____	WORKMAN'S COMP INSURANCE: _____

EMERGENCY CONTACT: _____	PHONE#: _____
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Are you receiving or have you recently received home health services? Y N
Are you receiving or have you recently received other therapy services? Y N

(please initial in boxes next to statements)

CONSENT FOR TREATMENT: I consent to rehabilitation and related services at Arthritis & Sports PT.

In doing so, I understand, acknowledge and affirm that such rehabilitation and related services may involve bodily contact, touching and/or direct contact of a sensitive nature

TREATMENT OF MINORS: I, as parent/guardian of a minor receiving treatment here under, do hereby agree and understand that I have been advised to remain on the premises during any such treatment, and waive any claim I may have resulting from failure to do so.

LIABILITY: I know and agree that Arthritis & Sports PT is not responsible for loss or damage to personal valuables

FEE FOR SUPPLIES: Insurance will not cover certain supplies that are suggested by the therapists. This includes the electrodes used for the electrical stimulation. I understand, as a patient, that I am financially responsible for the cost of these items.

I certify that all of the information provided herein is true and correct

Patient/Guardian Signature _____

DATE: _____

Witness Signature: _____

DATE: _____