

**PATIENT REGISTRATION FORM****Patient Information:**

Patient Name: \_\_\_\_\_

Address: Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_

Email: \_\_\_\_\_

Preferred Contact Method: - (Circle) - Home Phone / Cell Phone / Work Phone / Email / Text Cell

Can we leave a detailed voice message?: - (Circle) - Yes / No

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Worker's Comp Case Number: \_\_\_\_\_ MVA Claim Number: \_\_\_\_\_

Referred By: \_\_\_\_\_

Person to Notify in Emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: (\_\_\_\_)\_\_\_\_-\_\_\_\_

**Insurance Information:**

Primary Insurance: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

ID #: \_\_\_\_\_

Group #: \_\_\_\_\_

Full Name of Insured: \_\_\_\_\_

Date of Birth of Insured: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

ID #: \_\_\_\_\_

Group #: \_\_\_\_\_

Full Name of Insured: \_\_\_\_\_

Date of Birth of Insured: \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to Patient: \_\_\_\_\_

**Permission to Disclose Information for Payment**

I hereby provide permission to PERfect FORMation Physical Therapy Inc to disclose any information necessary to my insurance company for reasons of payment. I understand and agree that any fees not covered by my insurance company will be my responsibility for payment to PERfect FORMation Physical Therapy Inc. I declare that the information provided to PERfect FORMation Physical Therapy is to the best of my knowledge correct and true.

If any changes are made to your insurance coverage during treatment, it is the responsibility of the patient to notify the provider at once.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If patient is a minor, authorization to treat patient.

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_