

REGISTRATION

Date _____

Home Phone #: _____

Cell Phone #: _____

Patient _____

Last Name

First Name

Initial

Street Address _____

City _____ State _____ Zip _____

Sex M F Age _____ Birthdate _____ Single Married Widowed Separated Divorced

Social Security # _____

Insured's Name _____

Relationship to Insured Self Spouse Child Other

Condition Related to Illness Employment Auto Other

EMPLOYER	Company Name _____ Occupation _____ Address _____ Phone _____ City _____ State _____ Zip _____
SPOUSE	Name _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last Name First Name Initial </div> Birthdate _____ Social Security # _____ Employer Name _____ Occupation _____ Address _____ Phone _____ City _____ State _____ Zip _____
PATIENT INSURANCE AND LEGAL INFORMATION	<p>Please provide primary and secondary insurance cards to receptionist for photocopying. If motor vehicle accident, please provide automobile insurance declarations page.</p> If Motor Vehicle Accident or Worker's Compensation Date of Accident _____ Insurance Company Name _____ Adjuster _____ Address/Phone _____ Claim # _____ Policy # _____ Effective Date _____ Attorney Name: _____ Address/Phone: _____
MEDICAL INFORMATION	Referred by _____ Present Complaint _____ Known Medical Problems _____ _____ Pregnant <input type="checkbox"/> Yes <input type="checkbox"/> No Pacemaker <input type="checkbox"/> Yes <input type="checkbox"/> No Family Physician _____ Person to contact in emergency (Name and Phone #) _____
PATIENT AGREEMENT	<p>ASSIGNMENT AND RELEASE</p> I, the undersigned, have insurance coverage with _____ and <div style="text-align: right; font-size: small;">Name of insurance company</div> assign directly to Quinnipiac Physical Therapy and Sports Medicine, P.C. all medical benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize Quinnipiac Physical Therapy & Sports Medicine, P.C. to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions. <div style="display: flex; justify-content: space-between; font-size: small;"> Signature of Insured/Guardian _____ Date _____ </div>