

Patient Registration

Date _____

Appointment Reminders – Please circle **Text** or **Email**

Full Legal Name: First _____ Middle _____ Last _____ Social Security # _____

Address: Street _____ Apartment # _____ Home Phone # _____

City _____ State _____ Zip Code _____ Cell Phone # _____

Male Female _____ / _____ / _____ (circle one) Date of Birth Emergency Contact, relationship to patient _____ Phone # _____

Email Address _____

Employer/School _____ () Work Phone # _____ **Under 18** – Parent Name, Date of Birth & Custody Status _____

Did you find us through a physician? Yes / No If yes, _____ (circle one) (Physician Name) Are you a previous Patient? Yes / No If no, how did you hear about us? The Village Phoenix Online Family/Friend Other _____ (Name) Country Club _____

Insurance Information Have you had PT in the last 6 months? _____ Is your injury a result of a MVA? _____

Insurance Company _____ () Ins Co Phone # _____ Policy ID # _____ Group # _____

Policy Holder's Name _____ Date of Birth _____ Relationship to Patient _____

Secondary Insurance Information

Insurance Company _____ () Ins Co Phone # _____ Policy ID # _____ Group # _____

Policy Holder's Name _____ Date of Birth _____ Relationship to Patient _____

Worker's Compensation (WC) / Motor Vehicle Accident Information

Address: Street _____ City _____ State _____ Zip Code _____

Claim # _____ Case Manager/Adjuster _____ Case Manager/Adjuster Phone # _____

Date of Injury _____ Employer at time of injury (WC Only) _____ Employer Phone # (WC Only) _____

Official Use Only: Acct # _____ Previous Patient Yes No (circle one)

Dx _____ Doctor on Script _____

Scheduled _____