



**Advanced Center for Physical Therapy, PLC**  
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**PATIENT REGISTRATION FOR PHYSICAL THERAPY**  
(PLEASE PRINT CLEARLY)

**Patient Name:** \_\_\_\_\_  
*First Middle Initial Last*

**Address:** \_\_\_\_\_  
*Street City State Zip*

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

**SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Sex:**  M  F **Birth date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**EMAIL Address:** \_\_\_\_\_ **How did you hear about us?** \_\_\_\_\_

**Referring Physician:** \_\_\_\_\_ (Phone): (\_\_\_\_) \_\_\_\_\_ Last Visit: \_\_\_\_\_  
*First Last*

**Date of next appt with Physician:** \_\_\_\_\_ **Date of Injury:** \_\_\_\_\_

**Primary Physician:**  same as above -OR-: \_\_\_\_\_  
*First Last*

**Patient Employer:** \_\_\_\_\_ **Patient Occupation:** \_\_\_\_\_

Circle One: **Full Time** **Part Time** **Unemployed** **Retired** **Student** **Marital Status:**  S  M  D  W

**Emergency Contact:** \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_  
*Relationship*

**INSURANCE**

**Policy Holder's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Relationship to Patient:** \_\_\_\_\_

**Policy Holder's SSN:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Responsible Party (if patient is under 18):** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
*First Middle Initial Last*

**IF JOB RELATED INJURY**

**Claim Number:** \_\_\_\_\_ **Name of Insurance Company:** \_\_\_\_\_

**Claim Adjuster/Manager:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Place of employment at the time of injury:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**IF AN AUTO ACCIDENT INJURY**

**Was a Police Report Filed?**  Yes  No **Police Report Case Number:** \_\_\_\_\_

**Your Insurance Company Name:** \_\_\_\_\_ **Policy ID Number:** \_\_\_\_\_

**Agent's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Claim #:** \_\_\_\_\_

**Third Party Insurance Company Name:** \_\_\_\_\_ **Policy ID Number:** \_\_\_\_\_

**Agent's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Claim #:** \_\_\_\_\_

**Attorney's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_