Siesta Key SPORTS & PHYSICAL THERAPY

PATIENT REGISTRATION

APPOINTMENT DATE & TIME: _____

PATIENT NAME: _____
(LAST) (FIRST) (MIDDLE)

DATE OF BIRTH: _____ AGE: _____ SOCIAL SECURITY #: _____

GENDER: Male Female MARITAL STATUS: Single___ Married___ Divorced___Widowed___Minor___

LOCAL ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ LOCAL PHONE: _____CELL PHONE: _____

BILLING/ 2ND ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ OUT OF STATE PHONE: (____)_____

E-MAIL: _____ Can we email Newsletter to You?: Yes____ No____

REFERRING DOCTOR: _____ PHONE #: (____)_____

PRESCRIPTION DATE: _____DIAGNOSIS: _____

HOW DID YOU HEAR ABOUT US? _____

EMERGENCY CONTACT: _____ PHONE #_____

Have you had any Physical/Occupational/Speech Therapy and/or Chiropractic Service in the past year?: Yes:____

No:____ If Yes, when?: _____

Are you currently receiving or have you recently received any home health nursing, physical therapy or occupational therapy in the past 30 days?: Yes: _____ No:_____ If YES, what was your last date?:_____

AGENCY/ CONTACT NAME: _____ PHONE: _____

***PRIMARY INSURANCE*: _____**

MEMBER ID #: _____ GROUP#: _____

TELEPHONE #: _____

INSURED NAME: _____ INSURED DOB: _____

***SECONDARY INSURANCE*: _____**

MEMBER ID#: _____ GROUP#: _____

TELEPHONE #: _____

INSURED NAME: _____ INSURED DOB: _____

WORKER'S COMPENSATION OR AUTO

INSURANCE CARRIER: _____

CLAIM #: _____ DATE OF INJURY: _____

ADJUSTER: _____ PHONE #:_____

Please give receptionist your insurance card(s) and a picture ID to copy for your records. Thank you!

Health care information is personal and sensitive information related to a person's health care. It is being faxed to you after appropriate authorization from the patient or under circumstances that don't require patient authorization. You, the recipient, are obligated to maintain it in a safe, secure and confidential manner. Re-disclosure without additional patient consent or as permitted by law is prohibited. Unauthorized re-disclosure or failure to maintain confidentiality could subject you to penalties described in federal and state law.