

**Norfolk Physical Therapy Center
Patient Registration Form**

Patient Information

Name _____ SS# _____

Address _____

(if you receive mail at a PO Box please also provide your complete physical address)

City _____ State _____ Zip _____

Date of Birth _____ Age _____

Home Telephone () _____ Work Telephone () _____

Cell phone () _____

Email address _____

Patient sex () Male () Female Marital Status _____

Date of injury/onset _____ Job Related? _____ Auto Related? _____

Referring Physician _____ Next Appointment with Him/Her _____

Address where you normally see Physician _____

Rehabilitation Nurse (if any) _____

Attorney (if any) _____ phone () _____

Employment Information

Employer Name _____

Address _____

City _____ State _____ Zip _____

Telephone () _____ Occupation _____

Primary Health Insurance _____ (copy of card)

Secondary Health Insurance _____ (copy of card)

Next of Kin

Name _____

Address _____

City, State & Zip _____

Telephone Number _____

Relationship _____

Emergency Notification (Not living with you)

Name _____

Address _____

City, State & Zip _____

Telephone Number _____

Relationship _____

Consent to Treat/Authorization & Assignment of Benefits

I consent to treatment for physical and/or aquatic therapy as ordered by my physician. I authorize and request payment of medical benefits directly to Norfolk Physical Therapy Center. I agree that this authorization will cover all medical services rendered until such authorization is revoked by me. I agree that a photocopy of this form may be used in place of the original. I understand that I am responsible for any unpaid balance or any services which are not covered by my insurance. In the event that my account is referred to an attorney or collection agency for collection, I agree to pay all reasonable costs of collection, including an attorney's fee and/or collection agency fees.

_____ Date _____

Signed (Patient or Representative)

How did you hear about our services?

Phone Book Employer Friend Doctor Insurance Company

_____ Date _____

NPTC Representative