IDEAL MOTION PHYSICAL THERAPY

REGISTRATION FORM (Please Print)

Appt Date: _____/_____/_____

Therapist:______________________________ Case#:_____________

Appt Time:

PATIENT INFORMATION

Patient's Last Name First Middle	❑ Mr. ❑ Miss ❑ Mrs. ❑ Ms.	Marital Status (Circle One) Single / Mar / Div / Sep / Wid.

Is this a work/auto injury? Yes No	If so what state is the claim in?	Date of Injury	Date of Birth: / /	Age	Sex M ❑ F ❑

Street address: City State ZIP Code	AK Driver License No.	Home Phone No. ( )

Mailing address: City State Zip Code Phone #:

Employer:	Employer address:	Employer Phone No. ( )

EMAIL ADDRESS:

PREFERRED METHOD FOR APPOINTMENT REMINDERS: Circle One Text Email	How did you hear about us? Please Circle One Dr. Referral Word of Mouth Friend Previous Patient

INSURANCE INFORMATION (PLEASE GIVE YOUR INSURANCE CARD TO THE RECEPTIONIST)

Who is responsible for the bill?	Birth Date / /	Home Phone No. ( )
Patient's Relationship To Insured:		Address (if different):

Employer	Employer Address	Employer Phone No. ( )

Primary insurance:

Policy Holder's Name:	Birth Date / /	Policy #	Group #	Effective Date

Secondary insurance:

Policy Holder's Name	Birth Date / /	Policy #	Group #	Effective Date

IN CASE OF EMERGENCY

Contact Person:	Relationship to Patient:	Home Phone No. ( )	Work Phone No. ( )

The above information is true to the best of my knowledge. All information provided by the patient is deemed private under the Health Insurance Portability and Accountability Act (HIPAA) and will be used as follows only with patient consent. I hereby authorize Ideal Motion Physical Therapy to furnish information to other providers, health care or treatment facilities and my insurance companies for purposes of treatment, payment and health care operations. I hereby assign to the provider all payments for medical services rendered to myself and/or my dependents. I understand that I am responsible for any amount not covered by my insurances.

X ____

PATIENT/GUARDIAN SIGNATURE DATE

12023 BUSINESS BLVD
EAGLE RIVER, AK 99577
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