Advantage Physical Therapy
and Rehabilitation, LLC

Patient Registration Form

Name: **(Last)** _____ **(First)** _____ **(MI)** _____

Street Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

E-mail: _____

If you choose to share your e-mail address we may occasionally contact you regarding upcoming events & relevant news. Your e-mail address WILL NOT be sold or shared with others. Furthermore, all communications will provide the opportunity to opt out of any further communication.

Soc Sec No: _____ **DOB:** _____ **Sex:** _____ **Marital Status:** _____

Spouse's Name: _____ **Spouse's Soc Sec No:** _____

Employer: (If you are under 18 please list your parents' employers, here and under Spouse's Employer)

Company Name: _____

Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Spouse's Employer: (If under 18, please list other parent's employer)

Company Name: _____

Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Referring Physician: _____

Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

(OVER)

Emergency Contact (Name): _____ **Relation:** _____

Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Phone: _____ **Alternate Phone:** _____

Where did you hear about Advantage Physical Therapy & Rehabilitation, LLC?

- ☐ **My Physician**
- ☐ **Insurance Company Directory**
- ☐ **Friend or Relative**
- ☐ **Home Health Nurse/Therapist**

Who can we thank? _____

- ☐ **Print Advertising**
- ☐ **Internet / Website**

Which Publication? _____

- ☐ **Other:** _____

Please indicate method of payment for treatment (co-payments, deductibles, co-insurance & non-covered items:

- ☐ **Cash**
- ☐ **Check**
- ☐ **Credit Card**

Signature: _____ **Date:** _____