



PKL PHYSICAL THERAPY PATIENT REGISTRATION FORM
PATIENT INFORMATION

Date: _____ Birthdate: _____ Social Security
Number: _____
Patient Name: _____ Employer:

(First name / Last name)
Address: _____ Business Phone:

City/State/Zip Code: _____ Cell Phone:

Phone #: _____ Marital Status: _____ SEX:
Male/Female
Email
Address: _____

Emergency Contact Person: _____ Phone
#: _____
Name of Parent/Guardian (if under 18 years of age):

INSURANCE INFORMATION

Primary Insurance: _____ Secondary Insurance:

Policy Holder: _____ Policy Holder:

Policy Holder's DOB: _____ Policy Holder's DOB:

Relationship to Policy Holder: _____ Relationship to Policy Holder:

ID Number: _____ ID Number:

MEDICAL INFORMATION

Referring Physician: _____ Primary Care
Physician: _____
Date of Injury: _____ Have you had surgery? YES ___ NO ___ N/A ___ Date of
Surgery: _____
Have you had Physical Therapy yet this calendar year? YES ___ If so, how many visits?
___ NO ___
How did you hear about PKL Physical Therapy?

Are you presently under the care of a chiropractor? YES ___ NO ___

CONSENT AGREEMENT AND RELEASE

I certify the above information is correct to the best of my knowledge. I also certify that I, and/or my dependent(s), have insurance coverage with _____ and will directly assign all insurance benefits to PKL PT/Parsa Karimi, DPT, otherwise

(Name of Insurance Company)

payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I authorize the use of my signature on all insurance submissions. The above named doctor may use my health care information and may disclose such information to the above-named Insurance Company and their agents for the purpose of obtaining payment for services and determining insurance benefits or the benefits payable for related services. This consent will end when my current treatment plan is completed or if there are any changes in my insurance benefits.

Patient Name _____ Patient Signature _____

Date _____

Witness Signature _____ Date _____

PARENTAL CONSENT/LEGAL GUARDIAN RELEASE (UNDER 18 YEARS OF AGE)

Parent's Name _____ Parent's

Signature _____ Date _____