

# PATIENT REGISTRATION

*(Please print clearly)*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-MAIL Address: \_\_\_\_\_ May I contact you via email for scheduling,  
reminders, and other therapy business? \_\_\_\_\_

Marital Status: \_\_\_\_\_ Children: \_\_\_\_\_

Employer: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's DOB: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_ Spouse's Work Phone: \_\_\_\_\_

Primary Care Doctor Name and Address: \_\_\_\_\_  
\_\_\_\_\_

## BILLING AND INSURANCE INFORMATION

Primary Insurance: \_\_\_\_\_ ID or Policy: \_\_\_\_\_

Group Code: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Subscriber's SSN \_\_\_\_\_

Subscriber's Address: \_\_\_\_\_

Subscriber's DOB: \_\_\_\_\_ Sub.'s Home Ph: \_\_\_\_\_ Sub.'s Work Ph: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ ID or Policy: \_\_\_\_\_

Group Code: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Subscriber's SSN \_\_\_\_\_

Subscriber's Address: \_\_\_\_\_

Subscriber's DOB: \_\_\_\_\_ Sub.'s Home Ph: \_\_\_\_\_ Sub.'s Work Ph: \_\_\_\_\_