



# ***Sports Motion Physical Therapy***

*Enhances Motion & Prevents Injury*

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## **PATIENT INFORMATION**

PATIENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
(P.O. BOXES ARE NOT ACCEPTED)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DRIVERS LICENCE #: \_\_\_\_\_

PATIENT'S EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

## **EMERGENCY CONTACT INFORMATION**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ IF MARRIED, NAME OF SPOUSE: \_\_\_\_\_

## **REFERRING PHYSICIAN INFORMATION**

REFERRING PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

***Please allow us to copy your insurance cards and drivers license***

## **ASSIGNMENT OF INSURANCE BENEFITS & FINANCIAL AGREEMENT**

I HEREBY AUTHORIZE THE INSURANCE COMPANY OR ANY OTHER THIRD PARTY PAYOR INCLUDING MEDICARE TO MAKE PAYMENTS DIRECTLY TO **SPORTS MOTION PHYSICAL THERAPY**. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE AND PERSONALLY GUARANTEE ALL PAYMENTS FOR ALL CO-PAYS, DEDUCTIBLES, AND NON-COVERED SERVICES.

## **CONFIDENTIAL INFORMATION RELEASE**

A PHOTOCOPY OF ASSIGNMENT IS TO BE CONSIDERED AS VALID AS THE ORIGINAL. I HEREBY AUTHORIZE SAID ASSIGNEE TO RELEASE ALL INFORMATION NECESSARY TO SECURE THE PAYMENT, OBTAIN AUTHORIZATION FOR MEDICAL SERVICES AND COMMUNICATE WITH OTHER TREATING PHYSICIANS. IF UNDER 18 YEARS OF AGE A PARENT OR GUARDIAN MUST SIGN AND FILL OUT AND BE THE GUARANTOR.

## **PERSONAL VALUABLES**

PLEASE BE ADVISED THAT SPORTS MOTION PHYSICAL THERAPY WILL NOT BE HELD RESPONSIBLE FOR DAMAGED, LOST, OR MISPLACED PERSONAL ITEMS SUCH AS JEWELRY, CASH, CAMERAS, CELLULAR PHONES, OR ANY ITEMS OF MONETARY AND/OR PERSONAL VALUE. IT IS HIGHLY RECOMMENDED THAT PERSONAL ITEMS SUCH AS MENTIONED, BE LEFT OUTSIDE OF THIS PRIVATE CLINIC IN ORDER TO PREVENT DAMAGE AND/OR LOSS.

\_\_\_\_\_  
(SIGNATURE OF INSURED, AUTHORIZED, GUARANTOR)

\_\_\_\_\_  
(DATE)