



Magnolia Physical Therapy Patient Registration

Patient Info

Last Name _____ First Name _____ Date of Birth _____ Male/Female
Address _____ City _____ Zip _____
Home Phone _____ Cell Phone _____ Email _____
Emergency Contact _____ Phone _____
If patient is a MINOR: Parent Name and Signature _____

My Condition Info

Area Injured: _____ Date of Onset _____
Auto Injury? Y/N Work Injury? Y/N Claim Number _____ Adjustor Name and Phone _____
Surgery? Y/N Date _____ Physical Therapy Before? Y/N When/Where _____

Payment Info

I am paying today by . . . (Circle One)

INSURANCE

I would like you to deal directly with them. I will assign my benefits to you by completing the "Assignment of Benefits Form". The following information is required prior to first visit. My coinsurance/copay is \$ _____ My deductible is \$ _____

CASH, CHECK, CREDIT

I would like to receive a 30% discount by paying at time of service

WORKERS COMP

I have completed all of the information under My Condition Info.

Referral Info

How did you hear about us?

Friend or Family Internet Insurance Company Brochure

Referring Physician

Name _____

24-Hour Advance Notice Fee

If you wish to cancel or reschedule an appointment we require 24-hour advance notice. Anything less will result in a \$50 fee charged to your account. This policy is in place out of respect for our therapist and our clients.

Signature _____

HIPPA/Consent to Treat

HIPPA: By signing this form I acknowledge that I have received a copy of the HIPPA "Notice of Information Practices for Magnolia Physical Therapy CO. and understand it completely.

Consent: By signing this form, I agree and give consent to Magnolia Physical Therapy Co. to furnish physical therapy care and treatment considered necessary an proper in diagnosing and/or treating my physical condition.

Signature _____