



Thank you for choosing Terrapin Physical Therapy.

In order to best serve you please provide the following information.

First Name: _____ MI: _____ Last Name _____

Preferred Name: _____ Sex: M F Driver's License/ ID: _____ Exp: _____

Address: _____ City: _____ State: _____ Zip: _____

I would like to receive text messages alerts for appointment reminders.

I would like to receive E-mail alerts for appointment reminder.

Mobile Phone: _____ Home Phone: _____

E-Mail: _____ Date of Birth: _____ SSN: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

Employers Name: _____ Profession: _____ Work Phone: _____

Work Comp Claim #: _____ Injury Date: _____

Primary Insurance: _____

Subscriber Name: _____ Subscriber Date of Birth: _____

Subscriber SSN: _____ Subscriber ID: _____ Group Number: _____

Secondary Insurance: _____

Secondary Name: _____ Subscriber Date of Birth: _____

Subscriber SSN: _____ Subscriber ID: _____ Group Number: _____

Assignment of Benefits: I hereby authorize my insurance benefits to be paid directly to Terrapin Physical Therapy INC, and I understand I am financially responsible for all non-covered services. I also authorize Terrapin Physical Therapy INC to release any information to process this claim.

Signature; Parent/Guardian: _____ **Date:** _____

How did you learn about Terrapin Physical Therapy?

My Doctor Lawyer Former Patient Returning patient Print Advertisement

Website Google Facebook Yahoo Yelp

Walked by your Office Community Education In-service

Creating Happiness and Health since 2005!