



Physical Therapy

160 Flynn Avenue • Burlington, Vermont 05401 • Phone 802 864-6262 • Fax 802 864-6252  
74 Vermont Route 15 • Jericho, Vermont 05465 • Phone 802 899-5200 • Fax 802 899-5800

**PATIENT REGISTRATION FORM**

DATE \_\_\_\_\_

PATIENT NAME (FIRST) \_\_\_\_\_ (MI) \_\_\_\_\_ (LAST) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ SEX \_\_\_\_ M \_\_\_\_ F SS # \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMPLOYER \_\_\_\_\_ JOB TITLE \_\_\_\_\_ (FULL TIME) \_\_\_\_ (PART TME) \_\_\_\_

STUDENT \_\_\_\_ NO \_\_\_\_ YES (WHERE) \_\_\_\_\_ (FULL TIME) \_\_\_\_ (PART TME) \_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ (PHONE) \_\_\_\_\_ (RELATIONSHIP) \_\_\_\_\_

INJURY / ACCIDENT DATE \_\_\_\_\_

**REFERRING DOCTOR:**

(FIRST) \_\_\_\_\_ (LAST) \_\_\_\_\_ MD \_\_\_\_ DDS \_\_\_\_ DO \_\_\_\_ DC

(CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_

**PRIMARY CARE PHYSICIAN:**

(FIRST) \_\_\_\_\_ (LAST) \_\_\_\_\_ MD \_\_\_\_ DDS \_\_\_\_ DO \_\_\_\_ DC

(CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

IF A FRIEND, PLEASE TELL US WHO SO WE MAY THANK THEM \_\_\_\_\_

**PRIMARY INSURANCE INORMATION:**

TYPE OF INSURANCE \_\_\_\_ WORK COMP \_\_\_\_ MEDICARE \_\_\_\_ GROUP \_\_\_\_ AUTO (MVA)

INSURED / POLICY HOLDER NAME (FIRST) \_\_\_\_\_ (MI) \_\_\_\_\_ (LAST) \_\_\_\_\_

RELATIONSHIP \_\_\_\_ SELF \_\_\_\_ SPOUSE \_\_\_\_ MOTHER \_\_\_\_ FATHER \_\_\_\_ OTHER

(ADDRESS) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_

(HOME PHONE) \_\_\_\_\_ (WORK) \_\_\_\_\_ (SS#) \_\_\_\_\_ (DATE OF BIRTH) \_\_\_\_\_

EMPLOYER \_\_\_\_\_

INSURNACE COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

IDENTIFICATION # \_\_\_\_\_ GROUP # \_\_\_\_\_

INSURANCE COMPANY PHONE # \_\_\_\_\_

**WORKERS COMP INFORMATION:**

INSURANCE COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ CASE MANAGER NAME \_\_\_\_\_

CLAIM # \_\_\_\_\_