# Complete Physical Rehabilitation

First Name: _____

Last Name: _____

Address: _____

_____

City/State/Zip: _____

Date of Birth: _____ / _____ / _____

SSN: _____ - _____ - _____

Email Address: _____

Cell # (**REQUIRED**): (_____) _____ - _____

Cell Phone Carrier Name (**REQUIRED):**

_____

****Please be advised, our system sends automatic appointment reminder text messages 24 hrs before each appointment.**

Marital Status: Single Married Widowed Other

Gender: Male Female

Employer: _____

Work Phone: (_____) _____ - _____

Work Status: Full Time ____ Part Time_____

Patient Occupation: _____

Personal Insurance Name: _____

Member ID: _____

Policyholder's Name:_____

Relationship: _____

Date of Birth: _____ / _____ / _____

Primary Physician:_____

Referring Physician: _____

Phone: (_____) _____ - _____

Prescription Date: ____ / _____ / _____

Onset Date: _____ /_____ / _____

In case of an emergency, whom may we contact?

Name: _____

Number: (____) ____ - _____

Relationship: _____

**Worker's Comp/Auto Accident Only**

Ins. Name:_____

ID/ Claim Number: _____

Date of Accident: _____ / _____ /_____

Case Manager:_____

Phone Number**:** (_____) _____ - _____

**How did you find out about our clinic?**

_____

**I certify that all the information on this form is accurate to the best of my knowledge. I also authorize Complete Physical Rehabilitation, PC. to treat me.**

**Patient Signature or Responsible party:**

_____

**Date:**_____

## NO SHOW APPOINTMENT FEE

Please be advised that Complete Physical Rehabilitation, PC charges a $35.00 fee for missed appointments **WITHOUT CONTACTING THE OFFICE BEFOREHAND (no-show visit).**

In order to avoid this charge, patients must contact the office **AT ANY TIME BEFORE THE SCHEDULED APPOINTMENT TIME** to let them know that they are unable to attend.

Signature: _____

## HIPAA ACKNOWLEDGEMENT

I have read, understand, and have received a copy of my Health Insurance Portability and Accountability Act (HIPAA) rights from Complete Physical Rehabilitation, PC.

Signature: _____