



Patient Name: _____ Date: ____/____/____

D.O.B.: ____/____/____ Sex: M or F SSN: _____-_____-_____

Street Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Employer/School: _____ Occupation: _____

Employer's Address: _____

Emergency Contact: _____ Relation: _____ Phone: _____

Referring Doctor: _____ Primary Care Doctor: _____

What is your main complaint? _____

Date of Injury/Onset of Symptoms: ____/____/____ Date of Surgery: ____/____/____

Insured's Name: _____ Insured's Date of Birth: _____

Check if applicable: _____ Work-Related Injury _____ Auto-Related Injury

Worker's Compensation/Auto Claim #: _____

Adjuster/Caseworker's Name: _____ Phone#: _____

Is this case under litigation? Y or N Attorney's Name: _____

What/Who influenced you to choose King Physical Therapy? _____

I hereby agree and give my consent to medical treatment for my physical condition. I authorize release of any information needed to receive payment for my claim and to other entities as requested. I understand that I am responsible for any charges that are not covered by my insurance carrier. Furthermore, I understand that I am responsible to inform the office of any changes that occur. I authorize release of payment directly to King Physical Therapy regardless of participation in or out-of-network. Should I default on my financial responsibility and collection action is necessary, I will be responsible for collection costs that are incurred. **I acknowledge that there is a \$60 cancellation fee if I cancel my appointment less than 24 hours in advance.**

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

I acknowledge that I have seen the "Notices of Privacy Practices." I understand that I may ask questions about the "Notices of Privacy Practices" at any time.

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

I authorize King Physical Therapy to contact me to remind me of upcoming appointments via the checked method. ____Refuse reminder ____Home# ____Cell# ____Text Msg