

**ADIRONDACK PHYSICAL THERAPY &
SPORTS REHABILITATION, P.C.**

REGISTRATION FORM (PLEASE PRINT)

DATE OF INJURY/ACCIDENT _____

NAME _____
(LAST) (FIRST) (MIDDLE INITIAL)

PERMANENT ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DATE OF BIRTH _____ AGE _____ SEX _____ SS# _____

HOME # _____ CELL# _____ SINGLE _____ MARRIED _____ OTHER _____

ARE YOU A STUDENT? YES NO NAME OF SCHOOL: _____

IF YES, YOUR LOCAL ADDRESS: _____

LOCAL PHONE NUMBER: _____

EMERGENCY CONTACT _____

RELATIONSHIP _____ PHONE _____

REFERRING PHYSICIAN _____ FAMILY PHYSICIAN _____

EMPLOYMENT INFORMATION:

EMPLOYER _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

IF PATIENT IS A MINOR PLEASE COMPLETE:

PARENT/GUARDIAN _____ RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ DATE OF BIRTH _____ SS# _____

EMPLOYER: _____ PHONE _____

FOR OFFICE USE ONLY:

MD _____ DIAG _____ DATE OF RX _____ COPAY _____

I HAVE REVIEWED THE REGISTRATION FORM AND FOUND IT TO HAVE ALL PERTINENT INFORMATION.
INITIALS: _____ DATE: _____

INSURANCE INFORMATION

WORKERS' COMPENSATION / MOTOR VEHICLE ACCIDENT INFORMATION:

EMPLOYMENT INJURY? YES NO IF YES, DATE OF INJURY _____

MOTOR VEHICLE ACCIDENT? YES NO IF YES, DATE OF ACCIDENT _____

PRIMARY INSURANCE: _____ PHONE _____

ID OR CLAIM# _____ GROUP# _____

POLICY HOLDER _____ RELATIONSHIP TO PATIENT _____

INSURANCE ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ DATE OF BIRTH _____ SS# _____

EMPLOYER _____ PHONE _____

SECONDARY INSURANCE: _____ PHONE _____

ID# _____ GROUP# _____

POLICY HOLDER _____ RELATIONSHIP TO PATIENT _____

INSURANCE ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ DATE OF BIRTH _____ SS# _____

EMPLOYER _____ PHONE _____

PRIVACY PRACTICES ACKNOWLEDGEMENT FROM

**Adirondack Physical Therapy
and Sports Rehabilitation, P.C.
39 Court Street
Plattsburgh, New York 12901
(518)563-0267**

I have been offered/received the Notice of Privacy Practices and I have been provided an opportunity to review it.

SIGNATURE: _____ DATE _____