CASCADE PHYSICAL THERAPY

19201 SE Division St. Suite # 100
Patient Registration Form

Gresham, OR 97030
503-669-2500

Patient Name:____ Date:__________
(Last) (First) (MI)

Address: ____
(City) (State) (Zip Code)

Primary Phone: ____________________

Appt Reminders: ❑ Text messages (please indicate cell carrier): ____________________

or ❑ Email (email address): ____________________

SSN ______-____-______ ❑ M ❑ F Date of Birth______/_______/_______ Parent's name if patient is a minor: __________

Employer: ____________________ Occupation:____________________

Employer Address: ____________________

Primary Care Physician:____________________ Referring physician:____________________

Whom should we contact in case of an emergency? ____________________ Phone # __________

May we have your consent to leave a voice message on your home/cell answering devices? Please Initial ___________Yes ___________No

PRIVATE HEALTH INSURANCE INFORMATION

** PLEASE GIVE YOUR INSURANCE CARDS TO THE RECEPTIONIST FOR COPYING **

Primary Insurance company: ____________________ Phone # __________

Address: ____________________

Insured's Name:__________ Insured's Date of Birth: __________ Relationship to Insured: __________

Identification / Policy #:____________________ Group number:__________

Secondary Insurance company :____________________ Phone # __________

Address: ____________________

Insured's Name:__________ Insured's Date of Birth: __________ Relationship to Insured: __________

Identification / Policy #:____________________ Group number:__________

Is your injury ❑ Work related or ❑ Motor vehicle accident related? ❑ Driver ❑ Passenger ❑ Pedestrian ❑ Cyclist

Insurance company: ____________________ Phone # __________

Address:____________________ **Date of Injury:** ________/________/____________

Policy or Claim #: ____________________ Adjustor's Name: __________

**** HAVE YOU RETAINED AN ATTORNEY? IF SO, PLEASE COMPLETE THIS SECTION ****

Attorney's Name: ____________________ Phone # __________

Address: ____________________

Why did you choose Cascade Physical Therapy? ❑ Doctor Recommendation ❑ CAC Member ❑ Internet Other__________