

***BPTW PATIENT REGISTRATION**

[IN OFFICE USE] SENT TO BEN

Date Patient called or stopped by _____/_____/_____
Date we contacted the Patient _____/_____/_____
Date we scheduled eval (if different) _____/_____/_____
Date of Eval _____/_____/_____
Assigned Therapist _____

[Last Name: _____ First Name _____ MI: _____ Suffix: _____ M/F]

[Home Phone: (____) _____ - _____ Cell Phone (____) _____ - _____ Primary ~ Home/Cell]

Street Address: _____ Mailing Address _____

City: _____ State: _____ Zip: _____

[DOB ____/____/____ E-Mail: _____ (APPOINTMENT REMINDERS Y/N)]

SSN _____ - _____ - _____ Marital Status _____

Emergency Contact _____ Relationship _____ Ph (____) _____ - _____

[Referring Physician _____ INS Name _____]

[Medical Reason for coming _____ Self Pay Y/N [WebPT Quick Added?]

Post Op? Y / N Date of Surgery ____/____/____ Return to Dr date ____/____/____

*****IF POST-OP w/ HOME HEALTH [esp Medicare /Tricare] we need a D/C date ____/____/____ *****

MVA? Y / N Date ____/____/____ State _____ Assigned PT _____

HAS THE PATIENT HAD ANY OTHER THERAPY THIS YEAR? Y/N When? _____ Where? _____

PRIMARY INSURANCE INFO

Who is the Insured? Self Spouse Parent Other

Insurance Company Name: _____ Ins Ph (____) _____ - _____

Subscriber's Full Name _____ Subscriber's DOB ____/____/____

Subscriber's SSN [if patient is a minor] _____ - _____ - _____ Ins ID# _____ Grp# _____

SECONDARY INSURANCE INFO (If Needed)

Who is the Insured? Self Spouse Parent Other

Insurance Company Name: _____ Ins Ph (____) _____ - _____

Subscriber's Full Name _____ Subscriber's DOB ____/____/____

Subscriber's SSN [if patient is a minor] _____ - _____ - _____ Ins ID# _____ Grp# _____

[IN OFFICE USE] PRE APPT Ins Quote Done

F/U SCHEDULE AVAILABILITY _____

Vacation? _____ Other Appts to avoid _____

F/U Visits Scheduled 2x/4 wk 2x/8wk

Vertigo - eval, next 1-2 days

Patient papers given

Intake papers mailed / emailed

Intake papers done at BPTW eval pt come 30min early

Auth Required

Auth Secured