First Name: ______________________________ MI: _______ Last Name: ____

Address 1: ____

City: ____ State: ________ Zip code: ______________________

SS number: ____________________________ Home phone: ___________________________ Date of birth: ________________

E-mail address: ____

Employer: ____

Second Contact Person Name: ____

Second Contact Person Address: ____

Phone Number: _______________________________ Relation: ____

Please Fill Out The Following Information If Different From Above

Policy Holder Information, Name: ____

Policy Holder Address: ____

Policy Holder Date of Birth: ____________________________ Policy Holder SS number: ________________________________

Policy Holder Employer:_______________________________________ Referring Physician: ______________________________

Employer Address:____Employer phone number:___________________

Is this work related? Yes No If yes, Date of Injury: ____

Is this related to a Motor Vehicle Accident? Yes No If yes, State and Date of accident: _______________________________

How did you hear about us? □ Physician Referral □ Family or Friend □ Industry

□ Advertisement (please list form) ____

□ Other (please list) ____

I authorize the staff of this rehabilitation facility to provide treatment to me as directed by my referring physician.
I authorize the release of any medical information necessary to process claims for these services. I authorize release of clinical information to my referring physician. I assign payment of medical benefits for these services directly to this facility. In signing this form I understand that I am responsible for the bill not paid by the carrier.

Signature: ____ Date: _______________________________

Parent/legal guardian signature: ____ Date: _______________________________

Relationship to the patient: ____

_________ I have been given the Notice of Privacy Practice, Version 1 and have read and initial understand it's content's. If I have any
INITIAL questions, I can contact Tina Hoskins, RHIT, Compliance Officer at 812-759-7455.

Revised 8/2007th