

MR #: \_\_\_\_\_

Please Print

## YOUR CONTACT INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Gender: M F

Physical Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Do we have your permission to send you our E-News Newsletter? Y N

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

How can we contact you? (circle all that apply): E-mail Home # Cell # Work #

EMERGENCY CONTACT: \_\_\_\_\_ Telephone: \_\_\_\_\_

Your Employer: \_\_\_\_\_ Address: \_\_\_\_\_

If Under 18 Years of Age: Responsible Party Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address (if different from patient): \_\_\_\_\_ Telephone: \_\_\_\_\_

### BILLING / INSURANCE INFORMATION — Whom do we bill ? Please Check Appropriate Category

Health Insurance Worker's Compensation Auto Insurance Bill me directly

**Primary Insurer:** (Name): \_\_\_\_\_

**ID/ Certificate/ Policy Number :** \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_ Subscriber's DOB: \_\_\_\_\_

**Secondary Insurer:** (Name): \_\_\_\_\_

**ID/ Certificate/ Policy Number :** \_\_\_\_\_

Doctor Sending you to PT: \_\_\_\_\_ Family Doctor (PCP) \_\_\_\_\_

Your Diagnosis— What are we seeing you for? \_\_\_\_\_ Onset Date: \_\_\_\_\_

If either of the Insurer's listed above is **Worker's Comp or Motor Vehicle Accident** related, please provide us with the **Claim Handler's Name, Telephone Number and your File / Claim Number.**

If you are represented by an attorney for litigation, please provide the attorney name, address and phone number below

#### How did you hear about us? (Circle all that apply)

- Friend / Relative Recommendation Who: \_\_\_\_\_
- Newspaper Ad
- WCSH6 Website Ad
- Facebook
- Our Website
- Community Activity/Involvement
- Other: \_\_\_\_\_

#### What one factor **BEST** describes why you decided on Gray PT?

- Reputation
- Clinic Hours
- Location
- Doctor Recommendation
- You know one of the staff
- Relative/Friend Insisted
- Other: \_\_\_\_\_

By initialling here you confirm that the above information is correct

**Office Use Only**  
Primary PT: \_\_\_\_\_

