TRINITY PHYSICAL THERAPY

Patient Demographic Information

Please complete the information in the column ***to the right*** of each line.

Patient Name (Last, First, Middle Initial)	
Date of Birth	
Social Security Number	
Primary phone number	
Alternate phone number	
Home Street Address	
City, State, and Zip code	
Address where you receive mail (if different)	
Email address	
Name of Physician who referred you here	
Diagnosis given	
What is your main complaint today?	
Name of Primary Care Physician	
Emergency contact person (relationship?)	
Emergency contact person phone number	
Employer	
Employer phone number	
Your occupation	
Full duty, light duty, or off work	
Is this a work related injury?	
Primary Insurance Carrier	Secondary Insurance Carrier
Cardholder's Name	Cardholder's Name
Relationship	Relationship
Cardholder's date of birth	Cardholder's date of birth

As the responsible party, I agree that all charges that are not directly paid by my insurance company will be my resonsibility. I hereby assign all medical benefits to which I am entitled to Trinity Physical Therapy, LLC in the event they file insurance on my behalf. I understand that I am financially responsible for all charges whether or not paid by said insurance(s). In the event my account balance becomes delilnquent and is therefore in default of payment, I accept responsibility for the principal amount owing as well as all reasonable costs associated with the collection of this debt. This includes but is not limited to collection agency service fees, attorney fees, and all court costs and additional legal fees associated with the recovery of this debt. I hereby authorize said assignee to release all information necessary to secure the payment of said benefits. A copy of this assignment shall be considered as effective and valid as the original. I do hereby consent to such treatment by the authorized personnel of Trinity Physical Therapy, LLC as may be dictated by prudent medical practice by my illness, injury or condition. This consent is intended as a waiver of liability for such treamtent except acts of negligence.

Authorized Signature X____Date___________

Please inform front desk if you would like to complete a financial hardship application.