

**Petersen Injury Management Systems
New Patient Registration – 2**

SECTION I – PATIENT INFORMATION	
Name:	_____
DOB:	_____
SS #:	_____
Address:	_____
Home Phone:	_____
Mobile Phone:	_____
Email Address:	_____
Business Phone:	_____

How did you choose Petersen Physical Therapy?

SECTION II – <i>If patient is a minor, he/she must be accompanied by a parent or guardian.</i>	
Responsible Party:	_____
Relationship to patient:	_____
Home Phone:	_____
Cell Phone:	_____

SECTION III – EMERGENCY CONTACT/PERSONAL REFERENCE OUTSIDE OF HOUSEHOLD	
Name:	_____
Relationship:	_____
Home Phone:	_____
Cell Phone:	_____

SECTION IV – PROTECTED HEALTH INFORMATION	
Who may receive information regarding your protected health information?	
Name of Person/Organization:	_____
Name of Person/Organization:	_____
Name of Person/Organization:	_____

SECTION V - SIGNATURE	
I have reviewed the following documents. I have verified that all information is correct.	
§ Patient Information Page	
§ New Patient Registration – 1	
§ New Patient Registration – 2	
Signature:	_____
Date:	_____

Office Use Only:

Medical Record #:
Assigned Therapist:
Returning Patient: (Yes/No)
If not scheduled within 24-48 hours, reason for delay:
Date of Intake:

Location:
First Appt. Date:

Initials:

Insurance Information

SECTION I – PRIMARY INSURANCE

Company: _____
Phone: _____
Policy Holder: _____
DOB: _____
SS #: _____
Policy ID #: _____
Group #: _____

SECTION II – SECONDARY INSURANCE

Company: _____
Phone: _____
Policy Holder: _____
DOB: _____
SS #: _____
Policy ID #: _____
Group #: _____

SECTION III – INJURY INFORMATION

Place of Injury: _____
Date of Injury: _____
Body Part: _____
Attorney: Yes / No
Attorney's Name: _____
Phone: _____
Med Pay: Yes / No