



New Patient Registration & Personal Information

Last Name/First Name: _____

Address: _____ Apt.: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work: _____ Cell: _____

E-mail: _____ Referring Physician: _____

Social Security: _____ Marital Status: _____ Married _____ Single

Sex: _____ Male _____ Female Date of Birth: _____ Referred By: _____

In case of emergency contact: _____ Phone#: _____

Insurance Information:

Name of Insured: _____ Policy#: _____

Insurance Carrier: _____ Phone# _____

Relationship to Insured: _____ Self _____ Spouse _____ Child/Financial Dependent

Responsible Party (If different from above): _____ Phone: _____

Employment Information:

Employer: _____

Address: _____

Electropads

All patients will be charged a one-time fee of \$20 for their own set of electropads. These pads are adhesive to your skin and used as part of ultrasound/E-stim therapy. Please ask therapist or front desk if you have any questions about the use of electropads.

I hereby assign all rights, privileges and remedies to payment for health care services to Gary P. Guerriero, P.T.P.C. I also authorize Gary P. Guerriero, P.T.P.C., having treated me, to release to government agencies, insurance carriers and all others who are financially liable for my care, all information needed to substantiate payments for care and to permit representatives thereof to examine and make copies of all records relating to such care and treatment. I have read and understand the privacy practices of the office.

Patient Signature: _____ **Date:** _____