

THR

PATIENT EXPRESS REGISTRATION

Today's Date ____ / ____ / ____

First Name _____ MI _____ Last _____ Age _____

Street Address _____ APT# _____

City _____ State _____ ZipCode _____ Gender: M / F

▼ *Please Check One for Preferred Phone Number* Email _____

Home Phone# _____ - _____ - _____ Birth Date: ____ / ____ / ____

Cell Phone# _____ - _____ - _____ Emergency Contact _____

Work Phone# _____ - _____ - _____ Phone# _____ - _____ - _____ Relationship: _____

Social Security# _____ - _____ - _____ Marital Status: ___ Single ___ Married ___ Divorced ___ Widowed

Occupation _____ Employer _____

How Were You Referred To THR? Dr. _____ sent me Advertisement Brochure
 Internet Drove By Your Building And Saw Your Sign My family/friend _____ sent me

How Did Your Injury Occur? Auto Accident Work Injury Slip/Fall Sports Injury Post-Surgery
 Recurring Illness Other *Please Explain:* _____

DRIVER'S LICENSE AND INSURANCE CARDS: PLEASE GIVE TO RECEPTIONIST TO COPY

1. *Primary* Insurance Carrier _____

Name Of Insured _____ DOB: ____ / ____ / ____ Relationship _____

2. *Secondary* Insurance Carrier _____

Name Of Insured _____ DOB: ____ / ____ / ____ Relationship _____

3. *Tertiary* Insurance Carrier _____

Name Of Insured _____ DOB: ____ / ____ / ____ Relationship _____

MOTOR VEHICLE ACCIDENT / LIABILITY INSURANCE INFORMATION (if applicable)

Auto Insurance Carrier _____ Auto Policy Holder's Name _____

Claim# _____ Date of Accident ____ / ____ / ____ Accident State _____

Claims Adjuster _____ Phone# _____ - _____ - _____

WORKER'S COMPENSATION INSURANCE INFORMATION (if applicable)

Work Comp Insurance Carrier _____ Claim# _____

Claims Adjuster _____ Phone# _____ - _____ - _____

Date of Accident ____ / ____ / ____ Accident State _____

ATTORNEY INFORMATION (if applicable)

Attorney Name _____ Phone# _____ - _____ - _____

Address _____ City _____ State _____ Zip Code _____

I hereby certify that all the above information is true to the best of my knowledge. **X** _____
Signature of Patient, Parent, or Legal Guardian