F & S PT	WELLNESS PT	WELLNESS PT	WALDRON PT
1414 Highway 71 N Alma, AR 72921 Ph (479) 632-0321 Fax (479) 632-0323	9220 Hwy 71S, Suite 4 Ft Smith, AR 72916 Ph (479) 484-1100 Fax (479) 484-1105	418 E Main Charleston, AR 72933 Ph (479) 965-0357 Fax (479) 965-0359	56 W. 2nd Street Waldron, AR 72958 Ph (479) 637-0744 Fax (479) 637-0755

PATIENT INFORMATION

Please present insurance card when registering.
Payment is expected at the time of service unless prior arrangements are made.

PATIENT INFORMATION

Name_____

Address _____

City _____

State _____ Zip _____

Phone _____

Cell Phone _____

___Receive text reminder

___Receive voice reminder

___No reminder

Date of Birth _____

SS# _____

Height _____ Weight _____

PATIENT'S SPOUSE/GUARDIAN

Spouse/Guardian_____

Relationship _____

Address _____

City _____

State _____ Zip _____

Phone _____

Employer _____

Date Of Birth_____

SS# _____

Primary Insurance _____ Subscriber ID #_____

Secondary Insurance _____ Subscriber ID #_____

Referring Physician _____

Have you received any physical therapy this calendar year? _____

Employer _____

Is this a Workers Comp Case? _____ If yes, Case Manager Information _____

I certify the above information is correct to the best of my knowledge. I also understand that I am financially responsible for all charges subject to coverage. I have been told about and understand the Notice of Privacy Practices.

_____ _____

Signature of Patient Date