



Name: (Last) _____ (First) _____ (Middle) _____

Social Security #: _____ DOB: _____ Sex: MALE FEMALE

Mailing Address: _____ City: _____ State: ___ Zip: _____

Permanent Address: _____ City: _____ State: ___ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Email Address: _____ Permission to contact you at work? YES NO Initial _____

Employer (If Minor, Guardian's Employer): _____ Address: _____

Spouses Name: _____ Employer: _____ Work #: _____

Nearest Relative (Not Living With You): _____ Relationship: _____ Phone: _____

Referring Doctor: _____ Phone: _____ Fax: _____

How Did You Hear About Peak Performance In Motion?: _____

WHY ARE YOU HAVING THERAPY? (Circle all that apply) PAIN INJURY ACCIDENT SURGERY

Date of Injury/ Date of Accident: _____ Was This Work Related? YES NO

Describe Accident: _____

When Did Pain Begin: _____

Payment agreement: I understand that payment is due at the time services are rendered. I also understand that even if I have insurance, I am responsible for any deductible and or co-pays as determined by my insurance company. Initial _____

Primary Insurance: _____ Phone: _____ ID #: _____

Insured's Name: _____ Insured's DOB: _____

Secondary Insurance: _____ Phone: _____ ID #: _____

Insured's Name: _____ Insured's DOB: _____

Release of Information: I understand that as part of my healthcare, Peak Performance In Motion originates and maintains medical records describing my health history, symptoms, examination and test results, diagnosis, treatment and any plans for future care or treatment. I understand that this information serves as a means of communication among the many health care providers who contribute to my care, and as a means by which a payer can verify that services billed were actually provided. I hereby authorize Peak Performance In Motion and any of its employees to furnish to my insurance or third party payer any and all information necessary to process my claims. Initial _____

Assignment of Benefits: I assign and transfer all rights and benefits payable for healthcare rendered to Peak Performance In Motion. A photocopy of this assignment shall be considered as valid and effective as the original. Initial _____

Consent for Treatment: I hereby consent to and authorize Peak Performance In Motion and its staff to administer any and all treatment as per my physician's orders. Initial _____

I have read and fully understood this document. I attest that the above said information is valid and true. I have signed this document freely and without coercion.

Patient Signature: _____ Date: _____