THERA-DYNAMICS PHYSICAL THERAPY

8802 West Becher Street
West Allis, WI 53227
414-541-1118
Fax: 414-541-3066

Patient Registration

Last Name: _____ First: _____ Middle Initial: _____

Soc. Sec. # _____ Birth Date: _____ Sex: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Employer's Name: _____ Work Phone: _____

Job Title / Position: _____

Referring Physician's Name: _____ Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

Primary Care Physician's Name: _____

Diagnosis and / or Description of Problem: _____

Is this related to any of the following?: Work Injury / Auto Accident / Personal Injury / Other

Date of Onset: _____ Claim Number (If Applicable): _____

Have you had physical therapy in the past? Yes / No

If yes, please indicate how long ago: _____

What are your goals for physical therapy? _____

Emergency Contact:

Name: _____ Relation: _____

Phone: _____

How did you hear about Thera-Dynamics Physical Therapy? (Circle those that apply)

Doctor	Insurance Provider Directory	Employer	SLPT Website
Friend or Relative	Yellow Pages / Yellow Book	Online	Other: _____

Is there a specific person we may thank for this referral? _____

Signature: _____ Date: _____