Active Life Physical Therapy and Injury Care LLC

1490 E Foremaster Drive, Ste 260, St George, UT 84790
Phone: 435-523-3799 Fax 435-523-3376

Personal Information

Patient Name:	Date of Birth:
Gender: ☐ M ☐ F ☐ Other:	Social Security Number:
Address:	City: State: Zip:
Driver's License Number:	Issuing State: Expires:
Email Address:	
Cell Phone:	Permission to send text message: ☐ Yes ☐ No
Home Phone (if applicable):	Home Phone (if applicable)
Employer (if applicable)	Retired ☐ Yes ☐ No
If working, what times are most convenient for you to attend PT? _____AM to ______PM	

Emergency Contact Information

Name:	Relationship:
Phone:	Permission to Speak Freely? ☐ Yes ☐ No

Insurance Information

Primary Insurance Provider:	Supplemental Insurance Provider:
Policy Holder Name:	Policy Holder Name:
Policy Number:	Policy Number:
Group ID:	Group ID:
Type: ☐ Health ☐ Auto ☐ Workers Comp	Type: ☐ Health ☐ Auto ☐ Workers Comp

Healthcare Provider Information

Primary Care Physician (PCP) Name:	PCP Phone:
Preferred Pharmacy: Location:	

Referral Information

Referral Source:
How did you hear about us? ☐ Doctor's referral ☐ Friend/family ☐ Google ☐ Other:

Authorization and Consent

By signing below, I authorize the use of any health and insurance information provided on this form for the purpose of receiving medical treatment and billing purposes. I affirm that the information given on this form is correct and complete to the best of my knowledge. I hereby give my consent for Active Life Physical Therapy and Injury Care LLC and any of their affiliated staff or medical professionals to provide medical care and treatment considered necessary and appropriate for my condition. I acknowledge that no guarantees have been made to me concerning the results of treatment or examination at the clinic

Signature:	Date:

PLEASE NOTE:

A copy of your valid, government issued, photo identification and your insurance cards must accompany this form for complete registration. Without both, we are unable to submit any bill to a third party for reimbursement.