

River Valley Sports  
& Physical Therapy

New Patient Form

Name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Phone Number (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_  
Preferred form of contact:  Home  Cell  Work Email Address \_\_\_\_\_

---

**\*INSURANCE INFORMATION - PLEASE GIVE YOUR CARDS TO THE FRONT DESK FOR SCANNING**

Subscriber's Full Name \_\_\_\_\_ Do you have secondary insurance? Yes No  
Referring Provider \_\_\_\_\_ Primary Care Provider \_\_\_\_\_  
How did you choose us for your Physical Therapy?  Print Ad  Location  Website  
 MD  Insurance  Friend / Family member  Other \_\_\_\_\_  
Have you had any physical / speech / occupational therapy so far this year? Yes No  
Does a home health care agency visit your house? Yes No

---

**Workers' Compensation Only**

Date of Incident \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Ins Co Address \_\_\_\_\_  
WCB # \_\_\_\_\_ Claim # \_\_\_\_\_ Phone # \_\_\_\_\_  
Employer \_\_\_\_\_ Contact Name \_\_\_\_\_ Contact Phone # \_\_\_\_\_

**Auto or Liability Injury Only**

Date of Incident \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of Incident (e.g. Auto) \_\_\_\_\_ Claim # \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Ins Co Address \_\_\_\_\_  
Claims Adjuster \_\_\_\_\_ Phone # \_\_\_\_\_

---

I hereby assign and set over to River Valley Sports & Physical Therapy, Inc. all my rights, title, and interests to my medical reimbursement under my insurance policy. I authorize releases of any medical information needed to determine these benefits. This authorization shall remain valid until written notice is given by me revoking said authorization. **I understand that I am financially responsible for all charges, whether paid for by me or covered by my insurance.**

**Patient's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

HIPPA - Notice of Privacy Practices was offered to me at my initial evaluation

**Patient's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_