CENTER FOR MUSCLE & JOINT THERAPY, INC. ***REGISTRATION (pg 1)***

Patient Name: (First, MI, Last)	
Date of Birth:	
Soc. Security #: (Required for Work Comp & Military Ins)	
Address: (Street)	
Address: (City, State, ZIP)	
Sex:	☐ Male ☐ Female
Phone Numbers:	HOME: MOBILE:
May we leave a message on this phone:	HOME ☐ Yes ☐ No MOBILE: ☐ Yes ☐ No WORK: ☐ Yes ☐ No
Employer:	
Email	
Student	☐ Yes ☐ No School:
Date of Injury or when symptoms began	
Referring Physician	
Primary Care Physician:	
How Did You Hear About Us?	☐ Previous Patient ☐ Physician Referral ☐ Friend Referral
	☐ Television Ad ☐ Yellow Pages ☐ Website (www.cmjt.net)
	☐ Facebook ☐ Twitter ☐ Other
Is condition related to:	☐ Employment ☐ Auto Accident ☐ Other Accident ☐ No
Claim #:	
Ins Company Name:	
Contact Name:	
Phone Number:	
Responsible Party (if different than Patient)	
Relationship to Patient	
Date of Birth	
Address: (Street)	
Address: (City, State, ZIP)	
Phone Number:	

AUTHORIZATION: I hereby authorize The Center for Muscle & Joint Therapy, Inc. (CMJT) to furnish information to insurance carriers concerning my illness/accident and I hereby irrevocably assign to CMJT all payments for medical services rendered. I understand that I am financially responsible for all charges whether or not covered by insurance. I understand that CMJT will not be held responsible for incidence of cardiovascular mishaps associated with present or undiagnosed conditions during physical rehabilitation.

X_____ Date: _____

CANCELING APPOINTMENTS: We realize that on occasion it may be necessary to change scheduled appointments. The Center for Muscle & Joint Policy for canceling is to call and cancel your appointment 24 hours prior to the scheduled time, or as soon as possible. If you MISS more than 2 appointments without calling to cancel prior to the start of that appointment, you will be charged a $25 NO SHOW FEE. This fee will be denied by your insurance carrier (if any) and will be your responsibility to pay. By signing below you indicate that you have been given and understand this information.

X_____ Date: _____