

Powers Physical Therapy, LLC

1247 Washington Road, Suite 24, Rye, NH 03870
Lesley Powers, PT, DPT

Patient Registration Form

Name: _____ Date of Birth _____

PREFERRED TO BE CALLED (if different than above) _____

PHONE _____ ALTERNATE PHONE _____ SSN _____

ADDRESS _____

EMAIL _____

EMERGENCY CONTACT (Name & Phone #) _____

EMPLOYER INFORMATION (or school) Name _____

Address _____

Phone _____

HOW DID YOU HEAR ABOUT POWERS PHYSICAL THERAPY? _____

BODY PART/DIAGNOSIS _____ Date of Injury _____

SURGERY _____ Date of Surgery _____

REFERRING PHYSICIAN _____ Phone _____ Fax _____

PRIMARY CARE PHYSICIAN _____ Phone _____ Fax _____

INSURANCE CARRIER _____ ID # _____ Group # _____

Are you the primary insurance holder? _____

Do you have secondary insurance? _____

Is this injury due to an auto accident, work related accident, or is there a pending lawsuit? _____

Have you had any other PT, OT, Speech Therapy, or Chiropractic care this past year? _____

I verify the above information to be true (sign) _____ Date _____