



Verified: _____ Date: _____ PT: _____ (OFFICE USE)

Last Name _____ MI _____ First Name _____ DOB ____ / ____ / ____

Address _____ City _____ State ____ Zip _____

Cell (____) _____ Alt Phone (____) _____ ☐ Male ☐ Female

Permission to text appointment reminders ☐ Y ☐ N Social Security # _____ - _____ - _____

☐ I hereby give permission for KPT to leave a detailed message on my voicemail/answering machine.

Email address _____ Employer: _____

☐ I hereby give permission for KPT to send me email messages.

Parent Name _____ Address _____ Phone (____) _____
(If patient is a minor) (If different from above)

Emergency contact _____ Relationship _____ Phone (____) _____

Injury/Body Part(s) _____ Date of Injury ____ / ____ / ____ Cause _____

Referring Physician _____ Primary Care Physician _____

Primary Insurance _____ Secondary Insurance _____

☐ L & I Claim ☐ Workers' Comp/Self -Ins Claim Date of Injury ____ / ____ / ____ Claim # _____

Employer _____

Claim Manager's Name _____ Phone (____) _____

☐ Motor Vehicle Accident Date of Accident ____ / ____ / ____ State accident occurred _____

Your Car Insurance Company _____ Available P.I.P.? ☐ Y ☐ N

Adjuster's Name _____ Phone (____) _____

☐ I acknowledge receipt of a copy of the Notice of Privacy Practices.

☐ I have been offered a copy of the Notice of Privacy Practices, but have chosen to decline.

☐ I hereby give permission for KPT to discuss my medical information with _____

Consent for Treatment, Assignment of Benefits, & Release of Information: *I authorize the use of this signature on all insurance submissions. A photocopy of this document is considered as valid as the original.*

Signature _____ Date _____
(Parent or Guardian, if patient is a minor)