



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

How did you hear about KPT? Friend/Family Social Media Physician Ad Online Search Newsletter Community Talk

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)