



**312 E Dupont Road Suite 101**  
**Fort Wayne, IN 46825**  
**260-483-1010**  
[www.handson-pt.com](http://www.handson-pt.com)

## PATIENT REGISTRATION

## Physical Therapy Form

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

DOB: \_\_\_\_\_

M.I. \_\_\_\_\_

Social Security No.(Optional):

Male \_\_\_ Female \_\_\_

- -

Please Circle One:  
Married, Single, Widowed

Address:

E-Mail Address:

\_\_\_\_\_  
\_\_\_\_\_

Employer:

Phone Numbers:

Occupation:

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Is your Injury work related?  
Yes No

Work: \_\_\_\_\_

Did you file a claim with your employer?  
Yes No

**\*Circle which number is BEST to Contact you regarding appointments**

Is Worker's Compensation Paying?  
Yes No

Emergency Contact:

Name: \_\_\_\_\_

**\*\*Please make sure all information requested is filled in.**

Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_