

# Creighton

## THERAPY AND WELLNESS

### NEW PATIENT REGISTRATION FORM

Name of Person Completing Form	Relationship to Patient	Today's Date
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#### PATIENT INFORMATION

Patient Full Name (first, MI, last):	Nickname:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB: / /
Street Address:	City:	State:	Zip:
Preferred Phone Number:	please circle: Home Work Cell		
Alternate Phone Number:	please circle: Home Work Cell		
E-Mail Address:	<input type="checkbox"/> YES! Please send me secure statements via email <i>Helps keep costs down and allows for ease of online bill pay</i>		

#### PARENT OR GUARDIAN INFORMATION

Responsible Party Name:	Other Parent or Guardian:
Relationship to Patient:	Relationship to Patient:
Birth Date: SSN:	Birth Date: SSN:
Address (if different than above):	Address (if different than above):
City: State: Zip:	City: State: Zip:
Occupation:	Occupation:
Employer:	Employer:
Employer Address:	Employer Address:
City: State: Zip:	City: State: Zip:

#### REFERRAL/PRIMARY CARE PHYSICIAN INFORMATION

Referring Physician:	Clinic:
Family Physician (if different from above):	Clinic:
Address:	
<i>A copy of your evaluation report will be sent to the referring physician.</i>	

#### EMERGENCY CONTACT INFORMATION

Name:	Relationship:	Phone:
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#### INSURANCE INFORMATION

<b>Primary Insurance :</b>		
Insured's Name:	Date of Birth:	Relationship to Patient:
<b>Secondary Insurance :</b>		
Insured's Name:	Date of Birth:	Relationship to Patient:

#### TEXT MESSAGE APPOINTMENT REMINDERS

Creighton Therapy and Wellness offers text message appointment reminders for your appointments. Reminders are sent one day prior to the appointment. At this time, we are only able to send appointment reminders to one cell number and do not have the ability to receive a text response. If you need to change or cancel an appointment, you will need to call our front desk. To enroll, please provide your name and cell phone number:

Name of Patient Enrolling in Text Message Appointment Reminders:	Cell Phone Number:
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#### PLEASE TELL US HOW YOU LEARNED ABOUT US

<input type="checkbox"/> Referring physician in section above	<input type="checkbox"/> Other Physician:
<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Insurance Company
<input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Brochure/Flyer/Postcard <input type="checkbox"/> Event	<input type="checkbox"/> Other:

*Thank you for choosing Creighton Therapy and Wellness. Please let us know of any changes to the above information.*