Peach State Pediatric Therapy, Inc.

4992 Bristol Industrial Way
Buford, GA 30518
Phone: (770) 904-6419
Fax: (770) 904-6418

REGISTRATION FORM

(Please Print)

Today's date:	Diagnosis:

PATIENT INFORMATION

Patient's name:	Gender: ☐ Male ☐ Female	Date of Birth:
Street address:	City:	State/Zip Code:
Social Security Number:	Home Phone:	Cell Phone:
Parent(s) Name:	Email Address:	
Pediatrician/PCP:	Pediatrician Phone:	Pediatrician Fax:
Pediatrician Street Address:	City:	State/Zip:
Referred by:		
Other Family Members Seen Here:		

INSURANCE INFORMATION

(Please give your insurance card to the receptionist.)

Name of Responsible Party:	Birth date:	Address (if different):	Phone:
Relationship to Patient:	☐ Self ☐ Spouse ☐ Parent ☐ Other:		
Employer:	Employer address:		Employer phone no.:
Primary Insurance Company:			
Group #	ID #		
Claim Address:	Insurance Company Phone #		
Secondary Insurance Company:			
Group #	ID #		
Claim Address:	Insurance Company Phone #		

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to patient:	Phone Number:

The above information is true to the best of my knowledge.

Patient/Guardian signature	***Date***