

RIVER RIDGE LIVING CENTER, LLC Rehabilitation & Long Term Care
ANDREA L. MUHLEBECK, PT, Director of Rehab Services
100 Sandy Drive Amsterdam New York 12010 Tel:(518)843-3503 ext.1031 Fax:(518)843-3537

PATIENT REGISTRATION FORM

NAME: LAST _____ FIRST _____ MI _____

ADDRESS: STREET _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY # ____-____-____ SEX: M F BIRTH DATE: ____/____/____

AGE: ____ HOME PHONE:()____-____ WORK:()____-____ CELL: ____-____

MARITAL STATUS: S M W D SEP EMPLOYER/SCHOOL _____

EMPLOYER/SCHOOL ADDRESS: STREET _____

CITY _____ STATE _____ ZIP _____

RESPONSIBLE PARTY: _____ RELATIONSHIP: _____

REFERRED BY: MD (NAME) _____

DATE OF INJURY: _____ WORKERS' COMP _____ NO FAULT _____

INSURANCE INFORMATION

PRIMARY INSURANCE PRIMARY CO. : _____

ADDRESS: STREET _____ CITY _____ STATE _____ ZIP _____

EFFECTIVE DATE: ____/____/____ PHONE # ()____-____ CONTACT NAME: _____

ID# _____ GROUP # _____ SUBSCRIBER: _____

RELATIONSHIP TO PATIENT: _____

SECONDARY INSURANCE CO.: _____ EFFECTIVE DATE: _____

ADDRESS: STREET _____ CITY _____ STATE _____ ZIP _____

PHONE# ()____-____ CONTACT NAME: _____

ID# _____ GROUP# _____ SUBSCRIBER: _____

RELATIONSHIP TO PATIENT: _____

PLEASE NOTE: THERAPISTS ARE NOT ALLOWED TO RECEIVE ANY GIFTS OR CONTRIBUTIONS FOR SERVICES RENDERED. VERBAL PRAISE AND GRATITUDE IS WELCOMED AND APPRECIATED. THANK YOU FOR YOUR CONSIDERATION.