NEW PATIENT REGISTRATION ☐ Beckley ☐ Pineville

BODYWORKS

☐ Returning Client ☐ Complementary Consultation ☐ Functional Capacity Evaluation ☐ Orientation Done by: _____ on _____.
☐ Benefits Overview by: _____ on _____.

SCHEDULING

Consultation	Date:		Time:		With Therapist:		By/Date:
Evaluation	Date:		Time:		With Therapist		

1A: INITIAL CONTACT INFORMATION (To be completed by BODYWORKS personnel)

First & Last Name:

Referred By: Chief Complaint:

Mailing Address

Home Phone: Work Phone:

Cell Phone: Email Address:

Social Security #: Date of Birth: Gender: ☐ M ☐ F

1B: INSURANCE INFORMATION

Primary Carrier: Identification #:

Phone Number: Group Number:

Guarantor: Date of Birth:

Social Security #: 2ndary Ins:

2: INFORMATION FOR PATIENT TO COMPLETE

Review details in 1A & 1B. Complete this section and then provide the receptionist with a copy of your driver's license and insurance information.

Physical Address

Marital Status ☐ Single ☐ Divorced ☐ Married ☐ Widowed ☐ Separated Student Status: ☐ Full-Time ☐ Part-Time ☐ Non-Student

Emergency Name ☐ Work or ☐ Cell: Home:

Injury Related to: ☐ Accident ☐ Automobile ☐ Work ☐ None Onset/Injury Date:

Claim Manager Phone Number: Ext:

Are you receiving Home Health Services now? ☐ Yes ☐ No Have you had prior therapy this year? ☐ Yes ☐ No

Employer: Location:

Work Phone: Occupation:

2nd Insurance: Phone Number:

Guarantor: Identification #: Group #:

If you're under 18 years old, fill out the section below.

Legal Guardian: Phone Number:

Driver's License #: Social Security #:

3: INSURANCE VERIFICATION / OFFICE USE ONLY (If the patient comes back for care for a separate episode, reconfirm this information.)

Insurance Contact: Network ☐ In Network ☐ Out Effective Date:

Called By/Date: Benefit Yr From: To:

Comments: : % Coverage: # of Visits:

Deductible Amt: $ Met So Far: $

Coverage Limit: Co Pay: $

Claim Mgr Called: On: By: Dates Authorized: From: To:

9 Yellow Wood Way • Beckley, WV 25801 • Phone: 304.255.2376 • fax: 304.255.7120 • www.bodyworkshfr.com
Appalachian Hwy, Rt. 10 • Pineville, WV 24874 • Phone: 304.202.0424 • fax: 304.732.8800