



Peak Performance Therapy Center

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PPTCUS.com

Physical Therapists

Eric Palenik, PT, DPT

Rick Meade, MS, PT, Cert. MDT

Sarah Mattson, PT, DPT, OCS

Trina Shockey, PT, OCS

Occupational Therapists

Aaron Staeben, OTR/L, CHT, CEAS

Greg Treece, MS, OTR/L, CHT

Patient Information

Patient Information

Last Name: _____ First Name: _____ MI: _____

Address1: _____

City: _____ State: _____ Zip: _____

Address2: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Date of Birth: _____ Gender: M / F Email: _____

Emergency Contact

Last Name: _____ First Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Primary Insurance

Insurance Company: _____

Insurance ID #: _____ Group #: _____

Secondary Insurance

Insurance Company: _____

Insurance ID #: _____ Group #: _____

Tertiary Insurance

Insurance Company: _____

Insurance ID#: _____ Group#: _____

I authorize release of information requested by my insurance plan for payment. I understand that I am financially responsible for any balance due.

I agree to comply with the terms and conditions as outlined on the Patient Registration Form.

I hereby acknowledge that I have received a copy of the Notice of Privacy Practices. (You have a right to refuse to sign this acknowledgement if you so choose.)

Signature: _____ Date: _____