

Cura Centers

Canton Physical Therapy
65 Albany Tpke, Canton, CT 06019

Winsted Physical Therapy
115 Spencer St, Winsted, CT 06098

Main Street Physical Therapy
36 Main St, Torrington, CT 06790

Windsor Physical Therapy
6 Poquonock Ave, Windsor, CT 06095

Name: _____
First Middle Last

Date of Birth ____/____/____ Male ____ Female ____ SSN _____ Marital Status: S M D W

Address: _____

City: _____ State: _____ Zip: _____

Home Phone:() _____ - _____ Work Phone:() _____ - _____

Cell Phone:() _____ - _____ Email: _____

Emergency Contact: _____ Emergency Contact Tel:() _____ - _____

Which phone would like an appointment reminder? Home Work Cell How would you like your reminder: Call Text

Please list person(s) authorized to discuss medical information with:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Occupation: _____ Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Referring Doctor: _____ Tel:() _____ - _____

Primary Care Physician: _____ Tel:() _____ - _____

Primary Care Physician Address: _____

City: _____ State: _____ Zip: _____

PRIMARY INSURANCE INFORMATION

Primary Insurance: _____

ID Number: _____

Relationship to Patient: Self Spouse Child Other _____

Subscriber Name: _____

Date of Birth ____/____/____ SSN _____

SECONDARY INSURANCE INFORMATION

Secondary Insurance: _____

ID Number: _____

Patient is: Self Spouse Child Other _____

Insured Name _____

Date of Birth ____/____/____ SSN _____

GUARANTOR (Person responsible for payment if other than patient)

Name: _____ Date of Birth ____/____/____ Relationship to Patient: _____

Street Address: _____ City: _____ State: _____ Zip: _____

How did you hear of us? _____