Buffalo Grove Physical Therapy & Sports Rehabilitation, P.C.
125 E Lake Cook Rd, Suite 209
Buffalo Grove, IL 60089
Phone: (847) 520-3382 | **Fax:** (847) 520-3404 | **info@bgpt.net**

PATIENT INFORMATION FORM

PLEASE PRINT AND COMPLETE ALL ENTRIES

Patient Name: _____ Date of Birth: _____

Marital Status: Single Married Widowed Divorced Sex: Male Female

Address: _____ City: _____

Zip _____ Phone: _____ Cell Phone: _____

Patient SS# _____ Email: _____

Employer Name: _____ Occupation: _____

Employer's Address: _____ City: _____

Zip _____ Employer's Phone: _____

Spouse's Name *(if applicable)*: _____ Spouse's Date of Birth: _____

Spouse's SS# _____ Spouse's Work: _____

Parent's Phone (if minor child): _____

Emergency Contact: _____ Relationship: _____

Emergency Contact's Phone: _____

Who is financially responsible for this bill? _____

How will the bill be paid today? _____

INSURANCE INFORMATION

Primary Insurance Name: _____

Address: _____ Phone: _____

ID # _____ Group # _____

In the event the bill is not paid within the fifteen (15) day timeframe, it will be forwarded to collections. Information that includes, but is not limited to: name, address, phone number, social security number, and employment information will be provided.

_____ _____

Signature of Patient (parent/guardian) Date