



#94 Shirley Street

P.O. Box AP59104

Nassau, Bahamas

Tel: (242) 825-2212

Email: info@finessemotiontherapy.com

## Registration Form

(Please Print)

### Patient Information

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Last Name	First Name	Middle Name
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DOB (M/D/YY)	Age	Street Address
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Home phone	Cellular phone	Nationality
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P.O. Box	City	Country
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Occupation	Employer	Marital Status
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Email Address

### Insurance Information

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Insurance Company	Insurer's ID#	Group #
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Insurer's Name	DOB (D/M/YY)	Relation
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## Emergency Contact

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Name	Relation	Telephone number
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The above information is true to the best of my knowledge. I authorize rehabilitative treatment, by Finesse Motion Therapy, on myself as recommended and allow changes in my treatment as my physiotherapist sees fit, or if it is required. I authorize my insurance benefits be paid directly to Finesse Motion Therapy, the health care provider. I understand that I am financially responsible for any balance. I also authorize Finesse Motion Therapy or my insurance company to release any information required to process my claims.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_