



**PARAGON Physical Therapy, PC**  
50 N Industry Ct, Deer Park, NY 11729  
(P) 631-242-9200 (F) 631-242-9200

**DEMOGRAPHIC INFORMATION**

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**PERSONAL**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_ Home Ph# \_\_\_\_\_ Cell Ph# \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Ph# \_\_\_\_\_ Work Ph# \_\_\_\_\_

**PROVIDER INFORMATION**

Primary Care Doctor \_\_\_\_\_ Ph# \_\_\_\_\_

Referring Doctor/Surgeon \_\_\_\_\_ Ph# \_\_\_\_\_

**WORK INFORMATION**

Employer \_\_\_\_\_ Ph# \_\_\_\_\_ Ext \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Status: F/T \_\_\_\_ P/T \_\_\_\_ Retired \_\_\_\_ Not Employed \_\_\_\_

**INSURANCE**

**Primary Insurance** \_\_\_\_\_ Ph# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship: self \_\_\_\_ spouse \_\_\_\_ child \_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_ Ph# \_\_\_\_\_

**Secondary Insurance** \_\_\_\_\_ Ph# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship: self \_\_\_\_ spouse \_\_\_\_ child \_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_ Ph# \_\_\_\_\_

**WORKERS COMPENSATION/ NO-FAULT INFORMATION**

Insurance Carrier \_\_\_\_\_ Auto \_\_\_\_\_ W/C \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Claim # \_\_\_\_\_ Date of Accident \_\_\_\_/\_\_\_\_/\_\_\_\_ Cause \_\_\_\_\_

Adjustor \_\_\_\_\_ Ph# \_\_\_\_\_ Ext \_\_\_\_\_ Fax \_\_\_\_\_

Attorney's Name \_\_\_\_\_ Ph# \_\_\_\_\_ Ext \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_