

**Toni McGinley P.T. @ ALTA 1845  
Broadway Third Floor  
New York, NY 10023**

**New Patient Registration**

**Personal Information:**

**Last Name/First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Social Security:** \_\_\_\_\_

**Marital Status:**  Married  Single **Date of Birth:** \_\_\_\_\_ **Sex:** Male  Female

**Referred By:** Doctor: \_\_\_\_\_, Google, Twitter, Facebook, Other: \_\_\_\_\_  
(Circle One)

**In case of emergency contact:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Insurance Information:**

**Name of Insured:** \_\_\_\_\_ **Policy#:** \_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Relationship to Insured:**  Self  Spouse  Child/Financial Dependent

**Employment Information:**

**Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Credit Card on File:**

In order to expedite your billing we offer a credit card on file option for payment of all fees, deductibles, copayments and co-insurances. Your card will be billed bi-monthly and you will receive a paid statement and your credit card receipts.

**Card Type:** Visa MasterCard American Express Discover Diners Club International

**Card#:** \_\_\_\_\_ **Exp.:** \_\_\_\_\_

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_