



# HUMBOLDT HAND & FOOT THERAPY, INC.

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Phone (707) 441-1931 • Fax (707) 441-1940

## PATIENT REGISTRATION FORM

### PATIENT INFORMATION

Patient's Last Name		First		M.I.
Mailing Address		City	State	Zip
Residence Phone #	Work Phone	Cell/Pager		Sex M ___ F ___
Patient's Date of Birth	Patient's SS#	Who is Responsible for Payment?		
Employer	Occupation	Are You Currently Working? Y ___ N ___ Were You Injured at Work? Y ___ N ___		
In Case of Emergency Notify			Phone	
Date of Injury		Referring Physician		

### RESPONSIBLE PARTY – Please Complete for Responsible Party/Parent of Minor

Last Name		First		M.I.
Mailing Address		City	State	Zip
Residence Phone #	Work Phone	Cell/Pager		
Social Security #	Date of Birth			
Employed By	Address	City	State	Zip

### MEDICAL RELEASE INFORMATION – Please Complete for Responsible Party/Parent of Minor

Please Initial Below

I authorize any holder of medical information about me to release to my insurance company, its intermediaries, or any other medical provider, information needed for this, a related claim, or further medical referral. I permit a copy of this authorization to be used in place of the original and request payment of insurance benefits directly to HHFT.

I authorize HHFT, to photograph my injured extremity for medical file purposes.

I hereby authorize HHFT, to perform treatment as prescribed by my physician.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office Use Only