



New Patient Welcome Sheet

Date: _____ Time: _____

WHY ARE YOU HERE TODAY?

Reason for Visit: [] Urgent Care [] Work Injury [] Physical Therapy/Fitness [] Occupational Health [] Drug Test
Employer Name: _____ Self Pay: [] Yes [] No
Was your visit today scheduled in advance? [] Yes [] No If yes, what was your scheduled time? _____
What are you here for Today? (Reason for Visit) _____
For Work Injury:
Explain HOW injury happened and what BODY PART was affected:

PATIENT INFORMATION

Last Name: _____ First Name: _____ Social Security: _____
Street Address: _____ Birth Date: _____ Age: _____
City, State, Zip: _____ Primary Phone: _____
Other Address: _____ Secondary Phone: _____
Sex: [] Male [] Female Marital Status: [] Single [] Married DL#: _____
Person to Contact in Case of Emergency: _____ Phone: _____

ASSIGNMENT OF BENEFITS – FINANCIAL AGREEMENT:

I hereby authorize WorkFit Medical and its staff and providers to examine and treat my condition as the providers deem appropriate and I give authority for those procedures to be performed. I clearly understand and agree that all services rendered me are charged directly to me and that I am responsible for payment of services by this office and all outside laboratory or radiology services performed on my behalf. Should collection of past due amount(s) become necessary, I will be responsible for all charges, fees, and attorney fees. I (we) hereby authorize the provider to release all information necessary to secure payment of benefits. I authorize the use of this signature on all insurance submissions.

Signature of Patient/Guardian: _____ Date: _____

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