

WELCOME TO HIGH STREET REHAB, LLC
25 High Street • Nutley, NJ 07110
973-235-1515

Chiropractic • Physical Therapy

Date: _____ / _____ / _____

Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

Home Phone _____ **Cell** _____ **Work Phone** _____

Social Security # _____ **Birthdate** _____ **Age** _____

Sex _____ **Marital Status** _____ **# of Children** _____

Name of Employer _____ **Occupation** _____

Employer's Address _____

E-Mail Address _____ **Referred By** _____

Spouse's Name _____ **Spouse's Birthdate** _____

Emergency Contact _____ **Phone #** _____

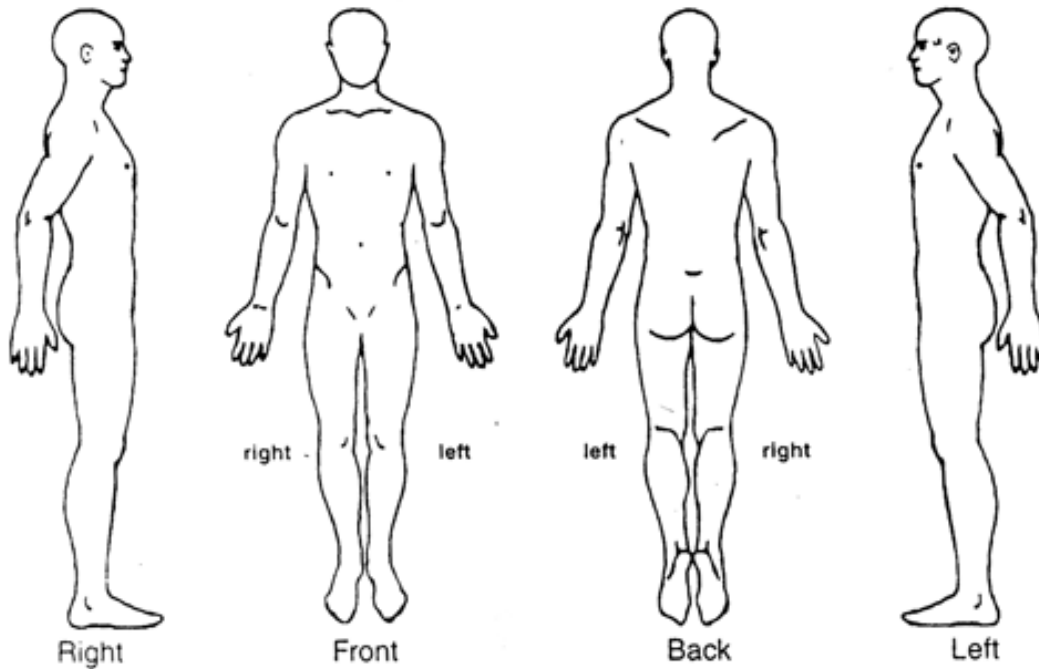
Was it caused by a strain? _____ **fall?** _____ **accident?** _____

What are your major complaints and/or symptoms? _____

If automobile accident please indicate date and time of accident _____

Attorney's Name/Address/Phone Number _____

Please mark the area of injury or discomfort on the figures:



How long have you had this condition? _____

What activities aggravate your condition? _____

Is this condition getting progressively worse? _____

Any family history of this condition? _____

List the names of doctors who have treated you for this condition

List medications you are currently taking _____

List allergies to medication or substances _____

List any additional information and/or health concerns _____

Insurance Information

Primary Carrier _____

Address _____

Phone _____ **Policy #** _____ **Group #** _____

Assignment and Instruction for direct payment to Doctor Private and Group Accident and Health Insurance.

I hereby instruct and direct that the above mentioned Insurance Company to pay by check made out and mailed to:

**High Street Rehab, LLC
25 His Street
Nutley, NJ 07110**

This is a direct assignment of my rights and benefits under this policy. This payment will not exceed my indebtedness to the above mentioned assignee, and I have agreed to pay, in a current above this insurance payment.

In the event any unpaid balance that is your responsibility is referred to a collection agency, you will be responsible for any/all reasonable charges incurred as a result of the referral of your bill to the collection agency, including attorney fees.

There will be an interest charge on any unpaid balance that is more than 90 days.

A photocopy of this Assignment shall be considered as effective and valid as the original.

I also authorize the release of any information pertinent to my case to any insurance company, adjuster, or attorney involvement in this case.

Dated at 25 High Street this _____ day of _____, 2008

Signature of Policyholder and or/claimant