



**Kevin Wicks**  
Physical Therapist

**Donald Herc**  
Physical Therapist

**Timothy Loy**  
Physical Therapist

**Leslie Williams**  
Physical Therapy Assistant

**Thomas Gilberti, Jr.**  
Licensed Athletic Trainer

**Walter "Reiko" Reyes**  
Physical Therapy Assistant

**Tony Teresi**  
Physical Therapy Assistant

**PATIENT REGISTRATION INFORMATION (please print):**

NAME: \_\_\_\_\_  
Last First MI

ADDRESS: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

HOME PHONE: ( ) \_\_\_\_\_ WORK PHONE: ( ) \_\_\_\_\_

CELL PHONE ( ) \_\_\_\_\_

**Out-of-town** address/phone: \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M ( ) F ( )

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY:** NAME: \_\_\_\_\_

PHONE#: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**I authorized Gulfcoast Physical Therapy to leave information regarding my therapy on my**

Home phone: yes ( ) no ( ) Work phone: yes ( ) no ( ) Cell phone: yes ( ) no ( )

**I authorize this facility to share information regarding my therapy with the following individuals:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Patients Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about our facility? \_\_\_\_\_

**3568 Clark Road**  
Sarasota, FL 34231  
Beneva Village Shops  
Tel. (941) 924-8868  
Fax (941) 924-6670

**1251 Beneva Road S.**  
Sarasota, FL 34232  
Beneva Market Place  
Tel. (941) 951-0283  
Fax (941) 331-4314

**8345 Lockwood Ridge Road**  
Sarasota, FL 34243  
University Square  
Tel. (941) 355-5565  
Fax (941) 355-3933