

## Client Registration Form

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

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

City: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Please let me know which number you prefer me to call if I need to get in touch with you.

Email: \_\_\_\_\_

I send out an email appointment reminder. Please let me know if you DO NOT wish to receive a reminder.

Referred by: \_\_\_\_\_

### Insurance information

Primary Insurance \_\_\_\_\_ Secondary Insurance \_\_\_\_\_

Subscriber: \_\_\_\_\_ Subscriber: \_\_\_\_\_

ID#: \_\_\_\_\_ ID#: \_\_\_\_\_

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

### Group

#: \_\_\_\_\_ Group#: \_\_\_\_\_

## In Case of Emergency

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

Phone: \_\_\_\_\_

**Release of Benefits and Information:** I authorize my insurance company benefits be paid directly to the provider. I am financially responsible for any balance due. I also authorize the provider or insurance company to release any information required for processing insurance claims.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Would you like to subscribe to my free monthly newsletter? \_\_\_\_\_