

Catalyst Therapy and Sports Rehab Patient Information

Last Name _____ First Name _____ MI ___ SNN _____
Address _____ City _____ State _____
Zip _____ Home Phone _____ Work Phone _____
Cell Phone _____ Cell Phone Carrier _____ Date of Birth _____
Gender _____ Marital Status _____ Email _____

Guarantor Information

Last name _____ First Name _____
Relationship _____ Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____

Patient/Guarantor's

Employer Name _____
Phone _____ Address _____
City _____ State _____ Zip _____

Emergency Contact

Last Name _____ First
Name _____ Relationship _____ Phone _____ Problem
Description _____ Date of Injury or Onset of Symptoms _____

Please circle one of the following- Type of accident: (None) (Other) (Work) (Auto) If Motor Vehicle Accident list the State accident occurred in: _____ Details of Accident: _____

Please bring your insurance cards for photocopies to be made

Primary Insurance _____ ID _____ Subscriber Group
_____ Co-Pay _____ Co-Insurance _____ Subscriber Name _____
Relationship _____ Date of Birth _____

Secondary Insurance _____ ID _____ Subscriber Group
_____ Co-Pay _____ Co-Insurance _____ Subscriber Name _____
Relationship _____ Date of Birth _____

Minors under the age of 18 need to be accompanied at their first visit by a parent or guardian to sign patient information and financial responsibility forms. The parent of the guardian is responsible for full payment. If the parents are separated and both legally responsible for the child you must provide complete information from both parents. The parent or legal guardian that accompanies the minor patient to the clinic will have full responsibility for the payment should any dispute arise.

Signature: _____ **Date:** _____