

CLIENT REGISTRATION FORM

Name (*First, M.I., Last*) _____ **Age** _____ **Date of Birth** _____

Address
(Street) _____ (City) _____ (State) _____
(ZIP) _____

HOME Phone () _____ **WORK Phone** () _____ **Cell / Pager #** () _____

Please Circle **Employed / Student** **Full-Time / Part-Time** **EMPLOYER**

Marital Status S M W D Partnered **SOCIAL SECURITY #** _____

Spouse/Partner _____ **Age** _____ **Date of Birth** _____

Emergency Contact _____ **Relationship** _____ **Phone** _____

Referring Physician Information (*Name*) _____
(*Phone*) _____ **Referring Physician's ID #** _____

Address
(Street) _____ (City) _____ (State) _____ (ZIP) _____

INSURANCE INFORMATION

Policy Holder/Responsible Party (*if not client*) _____ **Date of Birth** _____

Relationship to Client _____ **HOME Phone** () _____ **WORK Phone** () _____

Employer _____ **SOCIAL SECURITY #** _____

Insurance Company _____ **Phone #** () _____

Insurance Address _____

Insured's ID # _____ **Group #** _____

Have you contacted Ins. Co. to verify out of network benefits? Yes No **Deductible of \$** _____

I hereby authorize Pilates Minnesota, Inc., to furnish the above-named Insurance Company all information which said Insurance Company may request concerning my present diagnosis and treatment. I understand that no other information will be released and no other uses will be made of this information, except for those previously communicated to me or as otherwise authorized by law, and that access to information will be limited to persons whose work reasonably require access to accomplish the purpose stated above. **Information will also be shared with my billing agency and all Pilates, MN instructors.** This authorization shall remain valid until written notice is given by me revoking said authorization.

I understand that I am financially responsible for all charges whether or not they are covered by insurance.

Client's Signature _____ **Date** _____

To be completed by Therapist: **FEE AGREEMENT: -**

DX _____ **Axis I** _____ **Axis II** _____ **Axis III** _____ **Axis IV** _____