



## PATIENT INFORMATION

Patients under the age of 18 are required to have consent from a parent/guardian to begin treatment. We do not require that you attend their treatment, but it is encouraged. We like to keep parents/guardians involved in their children's treatment.

Please fill out the following information:

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

### Parent/Guardian Information\*

Name	_____	Name	_____
Relation	_____	Relation	_____
Address	_____	Address	_____
	_____		_____
Home Phone	_____	Home Phone	_____
Cell Phone	_____	Cell Phone	_____
Birthdate	_____	Birthdate	_____
SSN	_____	SSN	_____

\*Since underage patients are not able to be billed directly, we require this information for billing purposes.

Parent/Guardian Signature: \_\_\_\_\_

If the injury to your child occurred at school, the school's accident insurance may cover a portion of treatment costs. We will be required to first bill all charges to your health insurance. If this is the case, your child's school needs to have been made aware of the injury, and will likely have you fill out paperwork regarding it. If you have not done so, please contact the school office and complete any paperwork they require.

Did the injury being treated today occur at school?  Yes  No

If yes, please fill out the following:

School District and Building \_\_\_\_\_ Grade \_\_\_\_\_

Date and Approximate Time of Injury \_\_\_\_\_

Activity during which injury occurred \_\_\_\_\_

Child's coach/overseeing teacher \_\_\_\_\_

School Insurance Company \_\_\_\_\_

Please bring our office a copy of the paperwork you fill out for the school. The information they supply you with will make it much easier for us to bill them.