# C:\Users\Mary Lee\Pictures\TheTherapyShop\logo.png *The Therapy Shop*

760 Southcross Drive West, #103

 Burnsville, MN 55306

## Patient Registration Form:

|  |
| --- |
| Patient Information |
| Name: |            | Date of Birth: |       |
| Address: |            |
| City: |            | State: |       | Zip: |            |
| Phone: |  | Alternative Phone: |  |
| Emergency Contact: |  | Emergency Contact phone: |  |
| How did you hear about The Therapy Shop? |  |
| Briefly, what are you hoping to gain from therapy?  |
|  Insurance Information  |
|

|  |  |  |  |
| --- | --- | --- | --- |
| Primary Insurance Company: |  | Secondary Insurance: |  |
| Policy Number: |  |
| Who is the policy Holder? |  | Policy Holder DOB:  |  |

*NOTE - The therapist will make a copy of your insurance card for our records.* |
| Credit Card Information |
|  |
| Card Type:  |  | Card Number: |  | Exp. Date: |  |
| Name on Card: |  | Routing Number: |  | Zip Code: |  |
|  |
| *The therapist will make a copy of your credit card for our records. Credit cards are used for deductibles, co-pays, to secure appointments, and cover failed appointments and/or late cancelations.* |