# 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.* | | | | | | | | | | | | | | | | | | | | | | |