*Please complete both pages of this form and provide front and back copies of all Insurance / Medicaid cards*

**Patient Full Name:** **(AS IT APPEARS ON INSURANCE CARD)**

Patient Date of Birth:      \_ Patient Diagnoses: \_\_

Parent/Guardian Name(s): \_\_\_

Patient Address:

Mailing Address (if different from above):

Phone #:       Alternate Phone #:

Email Address:

**Treatment Address** (if different from Home):      \_

**Is this a Facility Type (i.e. Daycare, Church, YMCA, etc.)? IF Yes, Name:**

**Facility Phone # & Contact Person** (if applicable): \_     \_

**Patient Primary Insurance**:

Policy #:      \_

Group #:

Person’s Name Insurance is under:      \_

Relation to Patient:      \_

Insured’s Date of Birth **and** Contact Information (if different from Patient):      \_\_\_

**Secondary Insurance:**  **Check box if applicable (provide information on next page)**

**Patient’s Primary Care Physician Name**:

Name of Practice:

Phone Number:      \_ Fax Number:      \_\_

Address:

Patient’s General Medical History: Please include any surgeries, hospitalizations, testing and results, or anything you believe is important for us to know:

**Secondary Insurance** (if applicable):      \_\_

Policy #:      \_

Group #:

Person’s Name Insurance is under:      \_

Relation to Patient:      \_

Insured’s Date of Birth **and** Contact Information (if different from Patient):      \_\_\_

This form, supporting Insurance/Medicaid Card copies (front and back sides), along with the other forms that have been provided to you in the Patient Start Up Packet should be returned to Full Circle Pediatric Therapy, Inc. as soon as possible, in order to begin providing your child with the services needed.

All documents may be returned by:

* Faxing to the Fax number shown at the top of this form
* Mailing to the address shown at the top of this form
* Scanning and emailing to: [FullCircleSvcs@Yahoo.com](mailto:FullCircleSvcs@Yahoo.com) or [Admin@FullCirclePediatricTherapy.com](mailto:Admin@FullCirclePediatricTherapy.com)

If none of the methods for return are possible, please contact the phone number shown at the top of this form in order to make other arrangements. We look forward to seeing you soon.