Inspirit Therapy Associates
Feel better physically. Feel better for life.
3208 East River Drive Green Bay, WI 54301
Ph: (920) 338-9670 Fax: (920) 338-9680

Date_____

Patient: _____
Last Name First Name Middle Initial

Responsible party (if a minor) **& relationship to patient:** _____

Street Address _____**City** _____

State_____ **Zip code**_____ **Home Phone**_____ **Cell Phone** _____

Social Security Number_____ _____ **Patient's Sex** □ Female □ Male **Age** _____ **Birthdate** ____/____/_____

E-mail address_____ * We collect e-mail addresses for Inspirit Therapy Assoc. use only.

Would you like email appointment reminders? □ yes □ no Would you like to receive our newsletter by email? □ yes □ no

Reason for Visit_____

Was injury due to a motor vehicle accident? □ yes □ no

Referring Provider_____

Emergency Contact _____ **Relationship to you:** _____

Phone_____ **Alternate Phone** _____

Patient Employment Information

Employed □ Full-time □ Part-time Student □ Full-time □ Part-time

Occupation _____ Business Phone _____ ext. _____

Employer _____

Business Address _____

Billing Information

Do you have Insurance? □ Yes □ No If yes, please complete the following:

Name of **Primary** Insurance Company_____

Address: _____ Phone Number:_____

Insured ID_____ Insured Group Number_____

Insured's Name_____ Insured's DOB___/_____/_____

Insured's Employer Name_____

Name of **Secondary** Insurance Company _____

Address:_____ Phone Number:_____

Insured ID _____ Insured Group Number_____

Insured's Name_____ Insured's DOB __/_____/_____

Insured's Employer Name_____