

Today's Date _____

Client Profile

Name _____ Age _____ Birth Date _____

Address _____ Gender _____ Marital Status _____

City _____ State _____ Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Parent(s)/Guardians(s)

Name _____ Marital Status _____

Address _____ City _____ State _____ Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Name _____ Marital Status _____

Address _____ City _____ State _____ Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Client Sibling _____ Age _____

Client Sibling _____ Age _____

Client Sibling _____ Age _____

Client Sibling _____ Age _____

Responsible Party (if same as client skip to next section)

Name _____ Gender: M F _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Relationship to Client _____ Social Security No _____

Emergency Contact (not residing with client)

Name _____

Relationship to Client _____

Home Phone _____

Work Phone _____

Cell Phone _____

Client Disability and Medical Info

Primary Disability _____ Secondary Disability _____

Please describe client disability(s)

Disability Support

Primary care Physician Name _____ Phone _____

Specialist Support

Physical Therapist Name _____ Phone _____

Orthopedist Name _____ Phone _____

Neurologist Name _____ Phone _____

Chiropractor Name _____ Phone _____

Fitness Trainer Name _____ Phone _____

Psychologist Name _____ Phone _____

Other Specialist Support (please provide area of specialty; name; phone)

How did you hear about CPWithus?

Please briefly explain the reason for contacting CPWithus?

I hereby assign payment of authorized benefits to which I am entitled to be made directly to Peter Turner for services he provides to me. I authorize any holder of medical information about me to release any information needed to determine if these benefits are payable for related services. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. I understand that I am responsible for all charges not paid for by insurance. I hereby authorize Peter Turner to release all information necessary to secure payment.

Signature: _____

Date: _____