



CLIENT INFORMATION

PRINT CLEARLY AND LEGIBLY

especially yellow-highlighted items

Last Name	<input type="text"/>	Date of Birth	<input type="text"/>
First Name	<input type="text" value="MI"/>	Gender	<input type="text"/>
Address	<input type="text"/>	SSN	<input type="text"/>
Address	<input type="text"/>		
City State Zip	<input type="text"/>	Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other
	Check Preferred Method Of Contact		
Home Phone	<input type="checkbox"/>		
Work Phone	<input type="checkbox"/>		
Cell Phone	<input type="checkbox"/>	Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Ft Student <input type="checkbox"/> Pt Student
Email Address	<input type="checkbox"/>		
Referring Physician	<input type="text"/>	Condition Related to	<input type="checkbox"/> Employment <input type="checkbox"/> Auto Accident <input type="checkbox"/> Other
Physician Phone	<input type="text"/>		
Diagnosis	<input type="text"/>		
		Date of Injury	<input type="text"/>
Employer Name	<input type="text"/>	Job Title	<input type="text"/>

RELEASE OF INFORMATION / CONSENT TO TREATMENT

I, the undersigned, authorize Lisa Sutton Restoration Bodycare to obtain relevant operative reports, MRI, and x-rays from my physician. I also authorize the release of medical information to any insurance company, adjustor or attorney as may be necessary for claim reimbursement.

MY SIGNATURE BELOW CONSTITUTES CONSENT TO TREATMENT

Signature _____ Date Signed _____