Client Information

Name:

Date of birth:
Address:
City/State/Zip:
Home phone: Work phone:
Mobile: Pager:
Email:

Health Insurance

Carrier name & address:

Group number:
Subscriber number:

NextSteps will bill for services at the end of each month. All balances should be paid by the 15th of the following month. NextSteps requires valid credit card information to be kept on file if you choose not to prepay for services.

Credit Card Type: Visa M/C (circle one)

Credit Card Number: _____

Expiration Date: _____ 3-digit security code: _____

Doctor(s) Name	Phone Number	Address

Current Medications	Medication Allergies

Injury Level	Injury Date

Current Conditions	Previous Illnesses

Short-term Goals	Long-term Goals

Abdomen
above knee calf Left thigh above knee calf