

Client Information

Patient Information

Name: _____
Last First Middle

Date of birth: _____

Address: _____
and Street City State Zip Code

Home phone: _____ Work phone: _____

Cell phone: _____ Email address: _____

Doctor Information

Name: _____

Address: _____
and Street City State Zip Code

Phone #: _____ Email address: _____

Injury Information

Injury Level: _____ Date of Injury: _____

Auto Accident: Yes No
Work Related: Yes No
Other: _____

Current Medications:

Medication Allergies:

Current Conditions:

Previous Illnesses:

Short-term goals

Long-term goals

Whom may we contact in case of emergency?

Name: _____ Phone: _____

Relationship: _____

Credit Card Information

Please charge my credit card: *(charge will appear on statement as Next Steps of Chicago)*

Visa MasterCard Expiration Date: _____

Card Number: _____ 3-digit code: _____

Signature (for credit card): _____

I certify this information is true and correct to the best of my knowledge, and I will notify you of any changes.

Signature: _____ Date: _____

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: _____