

GO SPORTS THERAPY

GO BREATHE. GO PLAY. GO LIVE.

1199 S Beltline Road, #140 ■ Coppell, TX 75019
972.745.9060 ■ www.gosportstherapy.com



NEW PATIENT INFORMATION

Name: _____ Date: _____
Last First Middle initial

Address: _____

City State Zip

Phone Numbers: Home _____ Work _____

Cell _____ Fax _____

May we send text emails regarding your appointments?

Married Single Divorced Widowed Separated Unknown

Patients DOB: _____ SS # _____ Email: _____

Emergency Contact: _____ Phone _____

Who may we thank for your referral? _____

Primary Insurance: _____ ID # _____ Group # _____

Name of the Insured? _____ Insured's DOB _____

Insured's employer: _____

Secondary Insurance: _____ ID # _____ Group # _____

Name of the Insured? _____ Insured's DOB _____

Insured's employer: _____

Referring Physician: _____ Phone: _____

Date last seen by Physician? _____

Have you had any physical/occupational or speech therapy this year? _____

What facility and when _____

I have been given my insurance benefits and fully understand my responsibility. I understand that I am encouraged to contact my insurance company to verify that the benefits quoted to GO Sports Therapy are correct. GO Sports Therapy is not responsible for misquoted insurance benefits.

Signature of Patient and/or Legal Guardian _____ Date _____