

Fitness & Function LLC
CLIENT REGISTRATION -
 [HOME OFFICE client information]

Date		
Name		
Address		
City		
State		Zipcode
DOB:		Current age:
Home phone		
Mobile phone		Text message:
Additional phone		
Email		
PCP-managing healthcare provider:		
Phone		Fax
INITIAL SERVICE REQUESTED - <i>please check</i>		
<input type="checkbox"/> Fall Risk Intervention		
<input type="checkbox"/> Personal Training		
<input type="checkbox"/> Specialty requested		
<input type="checkbox"/> Physical Therapy		
CONTINUE ONLY WHEN SELECTING IN-HOME PHYSICAL THERAPY		
<input type="checkbox"/> No insurance - private pay		
<input type="checkbox"/> Insurance Company:		
<input type="checkbox"/> Account#		
<input type="checkbox"/> Medicare B		
<input type="checkbox"/> Account #		
BILLING INFORMATION		<i>please check preference</i>
I prefer my invoice to be:		<input type="checkbox"/> Emailed
		<input type="checkbox"/> Mailed
How did you find out about Fitness & Function?		
Did someone refer you?		