



Private Pay Admission Form

Name of Client:

Cell Phone and/or House Phone:

Address		Date	
City, State, Zip		Allergies	
Marital Status		Gender	
Diagnosis if any		Date of Birth	

Identifying Information:

Height		Weight	
Eye Color		Hair Color	
Race/Ethnicity		Distinguishing Marks	
Smoker		Eyeglasses	
Pets		Emergency Contact Phone number	
Emergency Contact Name		Emergency Contact Phone email	



1. Services to be provided in the neighborhood (5-7 mile radius) include:

2. Services to be provided out of the area (8 miles or more) include:

3. Questions/ Concerns

4. How did you hear about us?

- Rate is \$40/ hour with a minimum of 4 hours for services.
- Invoices are sent out weekly/ monthly

Electronic Signature

Date

The signee agrees that this is a legal binding contract by typing their name on the line and agrees to pay invoices.