



Private Pay Admission Form

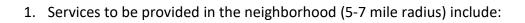
Name of Client:

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	



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.