



Client Contact Sheet

Name: _____ Gender: _____

Preferred Pronoun _____ Age: _____ Date of Birth: _____

Street Address: _____

City, State, Zip: _____

E-mail: _____

Home Phone: _____ Cell: _____

Emergency Contact: _____ Phone #: _____

Relationship: _____

Please let us know if you have any concerns about receiving calls of messages at any of the numbers above.

Insurance Co.: _____ Group #: _____

Policy (ID) #: _____ Name of Insured _____

Employer: _____ Occupation: _____

Date of Birth of Insured Person: _____ Phone: _____

Insured Person's Address: _____

AUTHORIZATION TO RELEASE INFORMATION AND ASSIGNMENT OF INSURANCE BENEFITS –

I hereby authorize a representative of Pulse Wellness to furnish my insurance company with all information required to process claims for payment.

I acknowledge that I am responsible for all charges not covered by insurance.

Signature

Date