

Therapy Solutions For Kids

5200 SW Macadam Suite 100 Portland, OR 97239 USA
11 E 27th St. Eugene, OR 97405

Telephone 503-224-1998
Telephone 541-255-2681

Fax 503-224-5176

Patient Information

Name of Child: _____ DOB: _____ Gender: (circle) Male or Female

Name of Parent(s) / Guardian(s): _____

Home Address Information

Street: _____ City, State, Zip _____

Phone Number: _____ Alternate Phone _____

Email Info: _____ Work Phone _____

Emergency Information

Name: _____ Phone Number: _____

Dr. Information

Primary Care Physician Name: _____

Clinic Name: _____

Clinic Address and Phone: _____

Other Agencies or Physicians: _____

School Information

Current School _____

Location? _____

Name: _____ SS#: _____

Address: (Same as Above?) _____

Employer: _____

Person Responsible on Account

Concerns: _____

I authorize Therapy Solutions for Kids to release information necessary to process my insurance claim to the insurance provider. I also authorize payment to be made directly to Therapy Solutions for Kids. I also understand that if insurance denies charges made will be my responsibility. My signature below also authorizes treatment for my child.

Signature

Date