



PATIENT INTAKE

Today's Date: ___/___/___
Month Day Year

PATIENT INFORMATION:

Name: (First) _____ (Middle Initial) ____ (Last) _____

Preferred Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Gender: Male Female Age: _____ Birth Date: ___/___/___
Month Day Year

Current Member?

PRO Sports Club 20/20 LifeStyles Non-Member

Phone: (check best contact phone)

Home (____) ____-____ Cell (____) ____-____ Work (____) ____-____

E-mail: _____

Appointment Reminder Preference: (check best option)

Phone (____) ____-____ Text (____) ____-____ E-mail: _____

Occupation: _____ Employer: _____

Referring Physician: _____

How did you hear about us? Print Ad: _____ TV Website

Friend/Relative: _____ PRO Sports Club Staff: _____ Other: _____

EMERGENCY CONTACT:

In case of an emergency, please contact:

Name: _____ Relationship: _____

Phone: Home (____) ____-____ Cell (____) ____-____ Work (____) ____-____

E-mail: _____

INSURANCE INFORMATION:

Primary Insurance Company: _____

ID #: _____ Group #: _____

Subscriber Name: _____ Relationship to Subscriber: _____

Subscriber Date of Birth: _____

Secondary Insurance? Yes No Insurance Company: _____

ID #: _____ Group #: _____

Subscriber Name: _____ Relationship to Subscriber: _____

Subscriber Date of Birth: _____

4455 148th Avenue Northeast, Bellevue, Washington 98007, P: (425) 885-5566, F: (425) 861-6245
501 Eastlake Ave. E., 2nd Floor, Seattle, Washington 98109, P: (206) 332-1873, F: (206) 332-9513
9911 Willows Road #100, Redmond, Washington 98052, P: (425) 869-4760, F: (425) 869-4751

