

**Private Pay Admission Form**

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| Name of Client:Cell Phone and/or House Phone: |

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| **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.*