ProMotion
spinal and sports rehabilitation

1845 Oak Street, Suite 1
Northfield, IL 60093
Phone: 847-446-5420
Fax: 847-446-5426

Patient Information

Today's Date: _____

Name: _____ Birth Date: _____

Age: _____ Sex: _____ Marital Status: _____ Last 4 digits of SSN (BCBS only): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email (please print clearly): _____

Email of financially responsible party, if different: _____

Are you the primary insurance policy holder? Yes No

If **not**, please fill out **guarantor's / policy holder's** information below:

Name: _____

Birth Date: _____ Phone: _____

Home Address: _____

Please verify contact information accuracy and legibility.
Statements will be sent to you by email and text
from our billing software (Tebra).

Primary Doctor's Name: _____

Primary Doctor's Address: _____

Primary Doctor's Phone: _____ Fax: _____

Is your current complaint the result of a work injury or auto accident?

- ☐ Yes, work injury
- ☐ Yes, auto accident
- ☐ No, neither

Emergency Contact Name and Phone: _____