



FOCUS ON KIDS TOO, INC.
Pediatric Rehabilitation and Education Centre
 425 Huehl Road, Building 14A, Northbrook, IL 60062
 (847) 412-9772 Fax (847) 412-9773

FOCUS ON KIDS, INC.

Patient
 Registration
 Form

PATIENT INFORMATION

Patient' Name (LAST, FIRST, MI)	Date of Birth	Sex M F	Social Security Number
Home Address	City / State / Zip Code		Home Phone Number
Mailing Address	City / State / Zip Code		Home Fax Number
Mother's Name (LAST, FIRST, MI)	Occupation	Home Phone Number	
Address	City / State / Zip Code		Cell Phone Number
E-mail Address			Work Phone Number
Father's Name (LAST, FIRST, MI)	Occupation	Home Phone Number	
Address	City / State / Zip Code		Cell Phone Number
E-mail Address			Work Phone Number

PRIMARY PHYSICIAN

Pediatrician's Name	Name of Clinic or Practice	Phone Number
Address	City / State / Zip Code	Fax Number

MEDICAL INSURANCE

Primary Insurance Company	Member ID / Policy Number	Group Number
Address	City / State / Zip Code	
Policy Holder's Name	Date of Birth	Social Security Number
Name of Employer	Effective Date of Insurance	Driver's License Number
Employer's Address	City / State / Zip Code	
Secondary Insurance Company	Member ID / Policy Number	Group Number
Address	City / State / Zip Code	
Policy Holder's Name	Date of Birth	Social Security Number
Name of Employer	Effective Date of Insurance	Driver's License Number
Employer's Address	City / State / Zip Code	

EMERGENCY CONTACT

Name (1)	Relationship to Patient	Phone Number
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PAYMENT METHOD

I WILL BE PAYING BY: CASH CREDIT CARD CHECK

All credit card transactions require a 4% processing fee.
 I certify that the above information is true and correct to the best of my knowledge and will notify you of any changes. I understand that am financially responsible for all charges and authorize the release of any medical information necessary to process an insurance claim.

 Parent / Guardian Signature

 Date