

Special Fitness

3180 N Butler Ave Bldg. 300A
Farmington, NM 87401



Phone: (505) 326-2460
Fax: (505) 325-1943

Patient Information:

Patient Name: _____

Birthdate: _____ Social Security Number: _____

Mailing Address: _____ Physical Address: _____

City _____ Zip _____

City _____ Zip _____

Patient Home Phone: _____ Cell Phone: _____

Would you like us to send you e-mail notifications for your appointments? **YES** _____ **NO** _____

Email Address: _____

Cardholder or Parent/Guardian Insurance Information:

If the insurance card is under another name or if the patient is under 18, additional information is needed below:

Insurance Carrier: _____ Insurance ID: _____

Employer Name: _____ Employer Phone Number: _____

Name of Guardian or Cardholder: _____ Male _____ Female _____

Guardian or Cardholder DOB: _____ Guardian or Cardholder SS#: _____

Guardian or Cardholder Mailing Address: _____

Relationship to Patient: _____

Emergency Contact Information:

Name: _____ Phone: _____

Relationship to Patient: _____

If patient is under 18:

Parent/Guardian Name

Parent/Guarding Phone Number

Does the patient have a DNR? **YES** _____ **NO** _____ *If yes, please provide a copy for the file*

Patient Signature (or parent/guardian if patient is under 18)

Date