

**HORN AND ASSOCIATES IN REHABILITATION, PLLC**



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**2023 ABI Client Information**

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

(Please indicate identifying information - parent/caregiver number, cell or landline, etc.)

Client Email Address: \_\_\_\_\_

Other Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_

**Guardian Information**

Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Guardian Email Address: \_\_\_\_\_

**Case Manager Information**

Case Manager Name: \_\_\_\_\_ Case Manager Company: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Case Manager Email Address: \_\_\_\_\_

**Please notify Horn and Associates in Rehabilitation, PLLC, of any changes that regarding information.**

Printed Name: \_\_\_\_\_

Client or Custodial Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_