



HORN AND ASSOCIATES IN REHABILITATION, PLLC

2412 Greatstone Point
Lexington, Kentucky 40504
Phone (859) 224-4081
www.horntherapy.com

4127 Todds Road
Lexington, KY 40509
Fax (859) 224-4082

2023 Returning Client Identifying Information

Today's Date: _____

Client Name: _____ Date of Birth: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____
(Please indicate identifying information - e.g., mom/dad/grandparent number, cell or landline, etc.)

Email Address(es): _____
*Please circle or * to indicate best method of communication (phone, email, etc.)*

PLEASE ATTACH COPY OF DRIVER'S LICENSE/ID AND INSURANCE CARD (FRONT AND BACK)

Occupation/School and Grade (if applicable): _____

Parent/Guardian Name: _____ Date of Birth: _____ SSN: _____

Address (if different from above): _____

Occupation/Place of Work: _____

Parent/Guardian Name: _____ Date of Birth: _____ SSN: _____

Address (if different from above): _____

Occupation/Place of Work: _____

Billing Preference (please circle):

Insurance Private Pay Other: _____

Responsible Party: _____

Insurance Company / Policy Number: _____

Primary Physician Name/Phone Number/Address: _____

Diagnosis (if applicable): _____