

Bear Creek Rehab
406 North Street
Brooklyn, Iowa 52211
Phone (641)522-9263 Fax (641)522-5683

Patient Information:

Date: _____
Patient's Name: _____ Date of Birth: _____
Home Address: (Street) _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work: _____
Sex: Male Female Marital Status: Single Married Divorced Widowed
Employed: Yes No Occupation: _____ Employer: _____
Spouse or Parent's Name: _____
Spouse or Parent's Address: (Street) _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Work: _____
Spouse or Parent's Employer: _____

Emergency Contact Information

Person to contact in an emergency: _____ Relationship: _____
Home Phone: _____ Cell Phone: _____ Work: _____

Insurance Information

Do you have medical insurance: Yes No
If you do not have medical insurance, please make payment arrangements with the administrator prior to your appointment.
Primary Insurance: _____ (Copy of front/back of card is required)
Name of Policy Holder: _____ Relationship to patient: _____
Secondary Insurance: _____ (Copy of front/back of card is required)
Name of Policy Holder: _____ Relationship to patient: _____

Patient Consent

Does the patient have an answering machine for incoming messages? Yes No
May we leave confidential message on your answering machine? Yes No
May we leave confidential messages on your cell phone voicemail? Yes No
May we call your place of employment should we need to contact you? Yes No
Is there someone we can call and leave a message with if we are unable to reach you regarding confidential information?
Name: _____ Phone Number: _____

PLEASE READ AND SIGN THIS FORM