

Holistic Evolving Bodyworks, LLC

(to be completed by patient on intake)

PATIENT INFORMATION

Date: _____

Name: _____

Address: _____

City _____ State: _____ Zip: _____

Date of Birth: _____ SSN (optional): _____

Daytime phone: _____ Evening phone: _____

Cell Phone: _____

Email: _____

Occupation _____

PRIMARY CARE PHYSICIAN (PCP)

PCP Name: _____

Location/Hospital: _____

Phone Number: _____

EMERGENCY CONTACT

Name: _____

Relationship to Patient: _____

Phone Number: _____

INSURANCE INFORMATION

Please note that Holistic Evolving Bodyworks, LLC is a private office which does not accept or file (submit) for insurance payment for services, lymphedema garments, bandage materials or L-Dex measuring. The following information is voluntary and for demographic purposes only. Please note that services performed at I-Squared Medical Group, 939 West North Avenue, Suite 650, Chicago, IL 60642, 773.377.8000, Fax 312.526.3243, ISQUAREDMEDICALGROUP.COM, upon seeing a physician at I-Squared Medical Group, BCBS and Aetna will be accepted for services, based on benefits of your specific plan. I-Squared Medical Group has forms for you to fill out at their offices.

Insurance Company: _____

Name of the Insured: _____

Relationship to Patient: _____

Patient ID Number: _____ Group ID #: _____

Patient Signature: _____ Date: _____