

**Nimble Kids LLC d/b/a
Comprehensive Therapy Children's Center
212 Riverstone Drive
Canton, Ga. 30114
770-345-7796**

PATIENT INFORMATION & INSURANCE FORM

Child's Name: _____ **Birthdate:** _____

Parents Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Child's Birth: Premature? Yes / No If yes, how many weeks? _____

Complications: _____

Major Concerns Regarding Therapy _____

Expectations from Therapy _____

Insurance Co: _____ Telephone: _____

Policy Holder's Name: _____ Insured's ID#: _____

Insured's Birthdate: _____ Insured's Employer: _____

Insurance Policy Group Number _____

Other Insurance _____