

<b>Client Intake Form</b>		<b>For Office Use Only:</b>
<b>NUTRITION IN MOTION, LLC</b>		Location:
<b>80 Palomino Lane, Suite 101, Bedford, NH, 03110</b>		Practitioner:
<b>Phone: 603-518-5859</b>		Date of 1st Appointment:
<b>Please e-mail or fax this form AND a copy of your Insurance Card to:</b>		
<a href="tel:1-603-606-1032">1-603-606-1032</a> or <a href="mailto:80palomino@gmail.com">80palomino@gmail.com</a>		

<b>PATIENT INFORMATION:</b>	<b>Patient</b>	
First and Last Name:		
Street Address:		
City, State		
Zip Code:		
Home Phone:	OK to leave message: Y N	
Work Phone:	OK to leave message: Y N	
Cell Phone:	OK to leave message: Y N	
E-Mail Address:		
Date of Birth:		
Social Security Number:	(last four digits) XXX-XX-	
Marital Status:	Single Married/Partnered Divorced Widowed	
Employment Status:	Not Employed Full Time Part Time	
Student Status:	Non Student Full Time Part Time	
Racial Background:	Caucasian Hispanic Black Asian Indian	
Gender:	Male Female	
<b>PRIMARY CARE DOCTOR:</b>	<b>PCP Full Name:</b>	<b>PCP Phone:</b>
<b>PCP Fax:</b>	<b>PCP Address:</b>	<b>PCP Office:</b>
<b>PCP City/State:</b>	<b>NPI #:</b>	<b># of approved sessions:</b>
Would you like to receive our Wellness Newsletter?	Yes No	
<b>INSURANCE INFORMATION:</b>	<b>PRIMARY INSURANCE:</b>	<b>SECONDARY INSURANCE:</b>
Patient Rel. to Policy Holder:	Self Spouse Child Other	Self Spouse Child Other
Policy Holder Name:		
Policy Holder DOB:		
Insurance Company:		
Patient's Policy Number:		
Employer:		
Policy Group Number:		
<b>AUTHORIZATION:</b>		

