

**Rejuv Medical -Waite Park**

901 3rd St. N.
Waite Park, MN 56387
Scheduling: 320-217-8480
Fax: 320-217-8490

Rejuv Medical - Savage

14247 O'Connell Court Suite #250
Savage, MN 55378
Scheduling: 952-777-3899
Fax: 952-283-1213

PATIENT INFORMATION

Patient Name		Primary Phone	Secondary Phone
Patient DOB	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Patient will call to schedule	<input type="checkbox"/> Call patient to schedule

INSURANCE INFORMATION

<input type="checkbox"/> Commercial/Private		<input type="checkbox"/> Auto <input type="checkbox"/> Workers' Comp	Date of Injury
Insurance Carrier		Insurance Carrier	Claim #
Member #		Adjuster	Phone #
Group #		Attorney	Phone #

REFERRING PROVIDER INFORMATION

Clinic Name	Phone	Fax
Clinic Address	City	State
Zip		
Provider Name (Print)		
*Provider Signature (Required) - *fully typed name constitutes my legal signature		

Evaluate & Treat:

- | | | | | |
|-------------------------------------|------------------------------------|-----------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Lumbar/SI | <input type="checkbox"/> Knee | <input type="checkbox"/> Foot | <input type="checkbox"/> Cervical |
| <input type="checkbox"/> Pelvis/Hip | <input type="checkbox"/> Ankle | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Elbow | <input type="checkbox"/> Wrist |
| <input type="checkbox"/> Fingers | <input type="checkbox"/> Other: | | | |

Insurance Covered Options:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Functional Medicine | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Brace Fitting |
| <input type="checkbox"/> Trigger Points | <input type="checkbox"/> Tenotomy | <input type="checkbox"/> Joint Injections | <input type="checkbox"/> Carpal Tunnel Injections |
| <input type="checkbox"/> Tendon Injections | <input type="checkbox"/> Bursal Injections | <input type="checkbox"/> Nerve Blocks | <input type="checkbox"/> Lumbar Epidural |

Non-Insurance Covered Options:

- | | | | |
|------------------------------------|------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Stem Cell | <input type="checkbox"/> PRP | <input type="checkbox"/> Prolotherapy | <input type="checkbox"/> Platelet Lysate |
|------------------------------------|------------------------------|---------------------------------------|--|

Fitness Options:

- | | | |
|---|--|--|
| <input type="checkbox"/> Gym Membership | <input type="checkbox"/> Personal Training | <input type="checkbox"/> Group Fitness |
| <input type="checkbox"/> BioSCORE Test | <input type="checkbox"/> Metabolic Test | <input type="checkbox"/> Health Coaching |

☐ Please release related records or imaging from the last 6 months to Rejuv Medical.

*Patient Signature (Required) _____
*fully typed name constitutes my legal signature