



## Inspiring Talkers Therapy & Learning Center

10184 E. I-25 Frontage Rd.  
Firestone, CO 80504  
720-378-6670 Phone  
303-557-9701 Fax  
[www.inspiringtalkers.com](http://www.inspiringtalkers.com)

### Patient Registration Information

Full name of child: \_\_\_\_\_  
DOB: \_\_\_\_\_ Male/Female: \_\_\_\_\_  
Parents/Guardians Name #1: \_\_\_\_\_ Parents/Guardians Name #2: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone #1: \_\_\_\_\_ Cell Phone #2: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
With whom does the child live: \_\_\_\_\_  
Language(s) spoken in the home (please list): \_\_\_\_\_  
Name of sibling(s) and age(s): \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Who may we communicate with regarding your appointments?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Insurance Information

Private Pay (will pay at time of service)       Insurance (complete below)

Insurance #1: \_\_\_\_\_ Policy Holder's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Policy Holder's Date of Birth: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Insurance Company Address: \_\_\_\_\_  
Group: \_\_\_\_\_ Insurance Company Phone: \_\_\_\_\_

Insurance #2: \_\_\_\_\_ Policy Holder's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Policy Holder's Date of Birth: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Insurance Company Address: \_\_\_\_\_  
Group: \_\_\_\_\_ Insurance Company Phone: \_\_\_\_\_

**\*\*Please provide Inspiring Talkers with a copy of applicable insurance cards\*\***