

THE BRAIN SPA

210 Jupiter Lakes Blvd  
Suite 3102  
Jupiter, FL 33458

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

How would you like us to confirm appointments? \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Payment Method: Cash Insurance Credit Card

Insurance Company: \_\_\_\_\_

ID #: \_\_\_\_\_ Group #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medications: \_\_\_\_\_

Primary Care Physician:

\_\_\_\_\_

Allergies: \_\_\_\_\_

Who May we Thank for Referring You to Us: \_\_\_\_\_