

Dallas Sports Medicine Specialists
John T. Gill, M.D.
8230 Walnut Hill Lane, Suite 708
Dallas, TX 75231

(214) 890-0906
fax (214) 890-0929

PATIENT'S NAME _____ Sex _____

Address _____ City, State, Zip _____

Home phone _____ Cell phone _____ Work phone _____

Date of Birth _____ Age _____ Marital Status _____ SS# _____

Employer or School _____ School Trainer _____

Employer Address _____ City, State, Zip _____

Spouse _____ Employer _____ Work phone _____

Email: _____ @ _____ . _____

IF PATIENT IS UNDER 18 OR RESIDING WITH PARENTS, PLEASE COMPLETE:

Mother's Name _____ Father's Name _____

Cell Phone _____ Cell Phone _____

Employer _____ Work Phone _____ Employer _____ Work Phone _____

Date of Birth _____ SS# _____ Date of Birth _____ SS# _____

If parent's address is different from patient, Please list _____

_____ Home Phone _____

IN CASE OF AN EMERGENCY, PLEASE CONTACT: (someone NOT living with you)

Name _____ Address _____

Home Phone _____ Cell Phone _____ Relationship _____

How did you hear about Dr. Gill _____

Name of Insurance _____ Policy Holders Name _____

Policy Holders SS# _____ Policy Holders Date of Birth _____

I authorize Dr. John T. Gill and Dallas Sports Medicine to release any medical information that may be necessary to request reimbursement from insurance companies and I assign all of the surgical and/or medical benefits, including major medical insurance to which I may be entitled. I understand that I am financially responsible for all charges incurred.

Responsible Party Signature _____ Date _____

TODAY'S CHARGES CAN BE PAID BY CASH, CHECK, MASTERCARD OR VISA. THANK YOU.