

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.