



Jay Medical & Rehab Works, PC

3457 Lawrenceville Suwanee Rd, Suite C

Suwanee, GA 30024

P: 678-714-8522 F: 678-714-8542

First Name: _____ Last Name: _____ Middle Name: _____

Date of Birth: _____ Sex: M ☐ F ☐

Marital Status: M ☐ S ☐ D ☐ W ☐ ☐ Race: _____ Ethnicity: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Emergency Contact:

Name: _____ Cell Phone: _____ Relationship: _____

Primary Insurance Information:

Company Name: _____ Policy No: _____

Secondary Insurance Information:

Company Name: _____ Policy No: _____

Responsible Party:

Name: _____ Cell Phone: _____ Relationship: _____

Address: _____

Consent for Treatment: I hereby give consent to allow Dr. Nariani and associates of Jay Medical & Rehab Works, PC to medically examine and treat me or my child and order tests that are medically necessary for managing my condition. I agree to let Jay Medical file my health insurance for payment. I will be responsible for any balances left unpaid by the insurance.

Signature of Patient or Parent: _____ **Date:** _____

How Did You Hear About Us? Friend ☐ Insurance Portal ☐ Website ☐ Employees ☐