



**GALAXY**  
BRAIN AND THERAPY CENTER

734-627-8001

www.galaxybraincenter.com

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

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

\_\_\_\_\_

**MEDICAL PRECAUTIONS:**

Anxiety: Y / N

Diabetes: Y / N

Seizures: Y / N

Auditory Sensitivity: Y / N

Speech deficit: Y / N

Visual Sensitivity: Y / N

Balance deficit: Y / N

Memory Issues: Y / N

Special needs: \_\_\_\_\_

\_\_\_\_\_

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IN CASE OF AN EMERGENCY CALL:**

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

Number: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**CAR INSURANCE:**

Prover: \_\_\_\_\_

Policy #: \_\_\_\_\_

Contact #: \_\_\_\_\_

**HEALTH INSURANCE:**

Prover: \_\_\_\_\_

Policy #: \_\_\_\_\_

Contact #: \_\_\_\_\_

Flat tire call: \_\_\_\_\_

Out of gas call: \_\_\_\_\_

If lost call: \_\_\_\_\_

Accident call: \_\_\_\_\_

Roadside Assistance #: \_\_\_\_\_