Thank you for choosing Flex Performance Therapy for your care. We truly hope to honor your choice by providing the best care possible for you and/or your loved ones. In order for us to better serve you in the clinic we ask that you email us the following ([flexptinfo@gmail.com](mailto:flexptinfo@gmail.com)) so we can upload it into our documentation system allowing more time for your treatment instead of paperwork. Thanks again for your trust and remember to use Google Chrome when completing intake paperwork!

Our address is:

72719 Hwy 1077 Covington, LA 70433

Please send the following information in an email and we will email you intake paperwork soon after:

- Full name

- Date of birth

- Copy of your insurance card(s) (Primary and Secondary if applicable)

- Social Security Number (last 4 digits only)

- Home Address of the patient

- Best contact phone number

- Preferred email

- Area of body in need of treatment

* Copy of driver’s license

\*If patient is a minor, we will need the aforementioned information from one of the parents