



INTAKE FORM AND NEW PATIENT INFORMATION

(Please fill out forms completely). *If patient is under 18 years of age, legal guardian must sign all paperwork

Patient Name (as it appears on insurance card) _____

NickName: _____ DOB: _____ Male / Female

Address: _____

City: _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____

Email (Billing Statements will be sent to this email address) _____

Emergency Contact _____

Relationship _____ Phone Number _____

CONSENT TO TREAT

I give my consent to authorized personnel of G4 Athlete to furnish services dictated by prudent medical practice considered necessary and proper for my physical condition.

SIGNATURE / Parent Guardian Signature

Date

NO SHOW/CANCELLATION POLICY

Scheduled appointments represent time specifically set aside for you as a patient. All cancellations **MUST be made 24 hours prior to the start of your scheduled appointment time** to avoid incurring a late fee. Patients with 3 or more NO SHOW or LATE CANCEL appointments may be discharged from treatment. **Cancellations (less than 24 hours) and no show appointments will be charged \$100.**

SIGNATURE / Parent Guardian Signature

Date

CONSENT FOR COMMUNICATION BY EMAIL AND TEXT

I authorize G4 Athlete to utilize texting and email to transmit information related to my physical therapy treatment which includes scheduling of appointments, billing statements, and general information.

SIGNATURE / Parent Guardian Signature

Date