



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 hour notice) and no-show appointments will be charged per facility visit rate. \$140 G4 Athlete. \$160 G4+.

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