DECATUR PHYSICAL THERAPY & SPORTS MEDICINE
NEW PATIENT INFORMATION

(Please complete all information)

Today's Date: _____/_____/_____

PATIENT INFORMATION:

Name _____Mid. Initial ____ Last _____

Address _____

City/ST _____ Zip: _____

Preferred Name _____ SEX: ❑ Male ❑ Female

Date of Birth _____ / _____ / _____ Social Security # _____

Patient's Email _____

Phone Numbers	**Okay to Contact?**	**OK to leave Message?**
Home Phone #_____	❑ Yes ❑ No	❑ Yes ❑ No
Work Phone #_____	❑ Yes ❑ No	❑ Yes ❑ No
Mobile # _____	❑ Yes ❑ No	❑ Yes ❑ No

Emergency Contact Name _____

Relationship to Patient _____ Best Phone # _____

REFERRAL/PHYSICIAN INFORMATION:

Referring Physician _____

Which office location? _____

Phone _____

EMPLOYMENT INFORMATION:

Employer _____ Occupation _____

Phone _____ Address _____

⇩ ***CONTINUE ON BACK OF FORM*** ⇩

RESPONSIBLE PARTY:

Name _____ Relationship to Patient _____

Address _____

City/ST _____ Zip: _____

I certify that the information on both sides of this sheet is true and correct to the best of my knowledge.
I will notify Decatur Physical Therapy immediately of any changes in my status.

Signature _____ Date _____

Print Name _____

APPOINTMENT CANCELLATION & NO-SHOW POLICY

Thank you for selecting Decatur Physical Therapy for your treatment. We take our obligation to provide the highest quality service very seriously. When we schedule appointments, we set aside time and professional resources to meet the individual needs of our patients, including time for a one-on-one treatment. Appointments are in high demand, and we maintain a waiting list of people who need care.

- If it is necessary to cancel your scheduled appointment, we require that you call at least 24 hours in advance.
- An appointment missed, or cancelled without 24 hours notice, is considered a "no-show." Arriving for an appointment too late to complete treatment is considered a "no-show."
- A "no-show" will be recorded in the patient's chart. There will be no charge to the patient for the first event. Any additional "no-shows" will result in a **fee of $50.00 charged to the patient,** which must be paid at your next appointment.
- Missed appointment fees are not covered by insurance, attorneys or liens. You are personally responsible for the fee.

How to Cancel Your Appointment:
To cancel appointments, please call 404-297-9315 at least 24 hours prior to your scheduled appointment. If you do not reach one of us, you may leave a detailed message on the voice mail.

I have read the above policy completely. I agree to all of the terms and understand that if I violate this policy it may result in the termination of my doctor/patient relationship.

Signed: _____ Date: _____