

## New Client Registration

## Windmill Physio

First Name: Initial: Last Name: Birth Date:  
Address: City: State: Zip Code:  
Home Phone: Cell Phone:  
Marital Status: (**Single / Married / Other**) Work Status: (**Employed / Student / Retired / Other**)  
Employer Name / School: Title: Phone:  
My symptoms are the result of an accident: (**Yes / No**)  
Insurance Company / Attorney: Claim #:  
Contact:

In case of emergency, contact:

First Name: Last Name:  
Relationship: Phone:

I give permission to discuss my medical condition with another person: (**Yes / No**) If yes, please list:

I would like to receive appointment reminders via ( **Email / Text**)

Email Address:

**By initialing the following statements I am acknowledging that I have fully read and understand each statement:**

### **Required Items:**

I understand that I am financially responsible for all charges at the time of service, service rate is \$90 per session, payment is due at each session. Windmill physio does not bill my insurance company but we can provide a superbill with an additional coding fee of \$20.

I hereby authorize Windmill Physio to use the "SquareUp" iPhone or iPad application to accept credit card payment at time of service. I further consent to an emailed or texted receipt for this type of payment that will include my location at the time of payment.

I hereby acknowledge that I have been advised that if appropriate to my diagnosis or symptoms, my physical therapy care may require the therapist to place his or her hands on my lower back, chest or buttocks area. I hereby consent and agree to the appropriate use of such treatment. Further, I have been advised that I may refuse such treatment or request that it be provided by a therapist of my gender.

I consent to evaluation and treatment by the authorized personnel of Windmill Physio as may be dictated by prudent medical practice because of my illness, injury, or condition. This consent is intended as a waiver of liability of such treatment except for acts of negligence.

I understand that I am responsible to pay \$50 for no-show appointments and cancellations with less than twenty-four hours notice. Failure to show for two consecutive visits may result in discharge from physical therapy.

I understand that Windmill Physio will maintain my privacy to the highest standards and may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. I have read a Notice of Patient Information Practices (HIPAA) from Windmill Physio. I realize that if at any time I have questions regarding HIPAA I may contact the office.

### **Optional Items:**

I consent to have video and/or still photography used during evaluation and treatment sessions. Under no circumstances will your information be shared for any purpose other than stated above without further written consent.

Windmill Physio offers observation experiences for students interested in pursuing a career in physical therapy. By initialing, you consent to have students observe your therapy sessions. Your initials do not waive your right to refuse to have an observer during any particular treatment session and your therapist will obtain consent each session.

**Patient Signature:**

**Date:**

*Guardian Signature:*

*Date:*