



Harold Manrique, MPT | Jason Dorn, MPT | Kim Parkan, DPT | Kimberly Collins, DPT

## Patient Registration Form

### Personal Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M F

Phone (please indicate *cell* or *home*): \_\_\_\_\_

Email: \_\_\_\_\_

Please indicate if you would like to receive reminders 24 hours before your scheduled appointment:

\_\_\_\_\_ reminders by email                      \_\_\_\_\_ reminders by text

\*If you chose text reminders, please note your cell phone carrier here (AT&T, Sprint, etc.): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

**Consent to Treat:** *I understand that by signing this form, I am giving my permission for evaluation and treatment by Advance Movement Physical Therapy and that I have the right to refuse any procedure after having the risks and benefits explained to me.*

X \_\_\_\_\_

Signature of Patient, Parent, or Guardian

Date

#### **Appointment Cancellation Policy**

*This policy is in place out of respect for our therapists and our clients. Cancellations without enough notice are difficult to fill. By giving last minute notice, or no notice at all, you may be preventing someone else from receiving much needed treatment. Unavoidable circumstances may warrant special consideration, but please note that charges below will apply to most cancellations.*

**Please call us at (949) 748-7806 by 4:00 pm on the day prior to your scheduled appointment to notify us of any changes or cancellations. To cancel a Monday appointment, please call our office by 4:00 pm on Friday. If prior notification is not given, you will be charged \$100 for the missed appointment.**

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