PATIENT CONSENT AND INTAKE FORM
The Sharp End Physical Therapy

Patient name:_____Date of Birth: _____

I CONSENT TO PHYSICAL THERAPY TREATMENT and related services from The Sharp End Physical Therapy PLLC. I acknowledge and affirm that physical rehabilitation and related services may involve bodily contact, touch and/ or direct contact of a sensitive nature.

Initials_____

LIABILITY. I know and agree that The Sharp End Physical Therapy is not responsible for loss or damage to personal belongings or valuables. Initials_____

TREATMENT OF MINORS.
I, as the parent of a minor receiving treatment, do hereby agree and understand that I have been advised to remain on the premises during any such treatment, and waive any claim I may have resulting from failure to do so. Initials_____

WAIVER AND RELEASE
I hereby release, discharge and acquit: The Sharp End Physical Therapy PLLC, its agents, representatives, affiliates, employees, or assigns, of and from any and all liability, claim, demand, damage, cause of action, or loss of any kind arising out of or resulting from my refusal to accept, receive or allow emergency and or medical services including but not limited to ambulance service, Emergency Medical Technician, physician or urgent care services. Initials_____

FINANCIAL POLICY, AUTHORIZATION OF PAYMENT
I understand that The Sharp End Physical Therapy PLLC does not bill insurance. I agree to pay the agreed upon fee at the time of service by Credit Card, Debit, HSA, Cash or other mutually agreed upon method of payment delivery.
Initials_____

RELEASE OF RECORDS
I authorize release of any medical records to other healthcare providers as necessary to facilitate my treatment and communication with other healthcare providers. Initials_____

NOTICE OF PRIVACY/ PATIENT BILL OF RIGHTS

I acknowledge receipt of Notice of Privacy Practices Initials_____

I acknowledge receipt of the Statement of Patient Rights Initials_____

I certify that all of the information provided herein is true and correct.

Patient/ Guardian Signature_____ Date_____

Witness Signiature_____