INTAKE FORM

Date:_____

Patient Full Name_____ Date of Birth _____ Age:_____ Sex: M F

Address: _____ City/State/Zip:_____

Cell Phone: _____ Email Address:_____

Emergency Contact Person & Phone:_____

Primary Physician:_____ City/State:_____ Phone #:_____

If patient is a MINOR, parent/guardian's name and signature here: _____

FITNESS Goals: ❑ Lose Weight ❑ Body Toning ❑ Other: _____

STRESS Level : 1 low----2----3----4----5 high What's the main cause? _____

NUTRITION: What is your level of nutrition knowledge? ❑ None ❑ A little ❑ Medium ❑ A Lot

SUPPORT STRUCTURE: Who do you have nearby that is close to you? ❑ Family ❑ Friend(s) ❑ None ❑ Other: _____

Name something that is really important to you (or really enjoy doing)? _____

PERSONALITY TYPE: ❑ Social ❑ Emotional ❑ Intellectual ❑ Physical

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How did you hear about us? ❑ Friend/Family ❑ Internet ❑ Facebook ❑ Advertisement ❑ Other: _____

IMPORTANT RULES & POLICIES

1. Late Policy: If I'm late more than 10-minutes to my appointment, I may be rescheduled or asked to wait for next available open time slot.
2. 48-Hour advance notice is required for changes to my appointment otherwise a $30 fee may apply.
3. Co-pays and/or deductibles are due prior to treatment starts.
4. Not showing for an appointment without notice (or less than 48-hours in advance) will result in a $30 fee added to my account.
5. Cell phones must be shut OFF or silent.
6. Children requiring supervision are NOT allowed to attend sessions with you without prior authorization.
7. If you are experiencing any financial hardship, please notify us immediately so we can create a payment program that is feasible.

I fully understand and acknowledge that (a) the activities in which I will engage as part of the treatment provided by Valeo Physical Therapy and the physical/occupational therapy activities and equipment I may use as a part of that treatment have inherent risks, dangers, and hazards and such exists in my use of any equipment and my participation in these activities; (b) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that, could cause serious disability; (c) these risks and dangers may be caused by the negligence of the representatives or employees of Valeo Physical Therapy, and any other entity, person, or associate, the negligence of the participants, the negligence of others, accidents, breaches of contract, or other causes. By my participation in these activities and for use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or the conduct of the representatives or employees of Valeo Physical Therapy, or by any other person. I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify Valeo Physical Therapy and their representatives, employees, and assigns from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of any equipment or participation in these activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the representatives or employees of Valeo Physical Therapy.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE VALEO PHYSICAL THERAPY FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Patient Name: _____ Signature_____ Date:_____