

# Welcome to Elite Physical Therapy!

Please share how you heard about us.

Another patient or gym member here; their name: \_\_\_\_\_

You are a member here     Your doctor told you about us     School/Athletic Trainer

MetroSouth Gymnastics     Web Search     Ad in paper     Previous patient

Postcard/ mailing     Other: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your email address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_

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## CANCELLATION POLICY

Should you need to cancel your appointment please note that we require a

### 24-HOUR ADVANCED NOTICE

We will give you an appointment card to keep track of your appointments. If you should misplace this, please give us a call to review your appointment dates. We expect you to keep all your appointments; however we understand that there may be times when you cannot contact us and are unable to keep your appointment. If this happens please contact us at your earliest convenience to confirm your next appointment. Should you miss an appointment and not afford us the courtesy of a 24-hour advance notice so we can offer your appointment slot to another patient, **we reserve the right to charge you a fee.**

**CANCELLATION FEE: \$25.00; NO SHOW FEE: \$40.00**

If you miss three (3) consecutive appointments we will:

- ✓ Notify your physician and will require a new referral in order to continue your treatment
- ✓ At the discretion of the physical therapist, you may be discharged from therapy

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Patient/Guardian

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Date