



CATALYST

PHYSICAL THERAPY & WELLNESS



New Patient Registration

Personal Information:

Date _____ Name (Last, First) _____

Birthdate _____ Soc. Sec. Number _____

Gender: male _____ female _____ Marital Status: single _____ married _____ other _____

Email _____

Address _____

APT# _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Primary Care Physician _____ Phone _____

Address _____ City _____ State _____ Zip _____

How did you hear about us:

Physician _____ Friend/relative _____ Social Media _____ Gym/trainer/instructor _____ Internet search _____ Insurance _____

Emergency Contact: _____ Relationship _____

Best way to reach Emergency Contact: _____

Would you like to receive special offers, or our newsletter? yes _____ no _____

Acknowledgment of Notice of Privacy Practices

I, _____, have reviewed a copy of Catalyst Physical Therapy and Wellness' Notice of Privacy Practices. A copy of this notice is available upon my request.

Cancellation & No-Show Policy

At least twenty-four hours notice is required for any cancellation. If twenty-four hours notice is not provided or a client does not show for a scheduled appointment, the client will be charged \$35 or 50% of the scheduled service for Massage, Acupuncture, Gavilan, and Personal Training. The client will be notified before any charges are run through their credit card. Please feel free to contact us with any questions or concerns in reference to our cancellation policy.

Signature _____ Date _____