



CATALYST

PHYSICAL THERAPY & WELLNESS



New Patient Registration

Date: _____ Name (Last, First): _____

Preferred Name: _____ Birthdate: _____

My sex assigned at birth is: Female Male

My current gender identity is: Female Male Non-binary Decline to state

Another identity: _____

My pronouns are: She/Her/Hers He/Him/His They/Them/Theirs

Another pronoun: _____

Marital Status: Single Married other

Employer _____ Phone _____

Address _____ City _____ State _____ Zip _____

Home Address: _____ APT# _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____ Email _____

Parent/Guardian Information (Required if participant is under age 18)

Emergency Contact: _____ Relationship: _____ Best way to reach Emergency Contact: _____

How did you hear about us?

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

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 \$45 or 50% of the retail cost for any non-PT service using the credit card we have on file. Please feel free to contact us with any questions or concerns in reference to our cancellation policy.

Signature _____ Date _____