

# InsideOut

B O D Y T H E R A P I E S

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_ / \_\_\_ / \_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

REFERRING PHYSICIAN \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_ INJURY DATE \_\_\_\_\_

EMAIL: \_\_\_\_\_

\* Would you like to be included in emails regarding general studio updates?  YES  NO

HOW DID YOU HEAR ABOUT *INSIDEOUT BODY THERAPIES*? \_\_\_\_\_

DO YOU HAVE BCBS INSURANCE?  YES  NO

## CONSENT TO TREAT

I, \_\_\_\_\_, consent to treatment by Mischa Abshire, PT, DPT, OCS as may be dictated by prudent medical practice by my illness, injury, or condition. This consent is intended as a waiver of liability for such treatment excepting acts of negligence.

## PAYMENT POLICY

Please pay the balance in full at the time of service. In the event that you are unable to pay the balance in full, we are willing to make reasonable payment arrangements. Cash, credit cards (Mastercard, Visa) and checks (payable to InsideOut Body Therapies) are accepted.

## CANCELLATION POLICY

We honor and respect your time and our service to you is our highest priority. In return, we ask that you also respect our schedule so that we may be available not only to service you, but to also service others. InsideOut Body Therapies has a **24 hour cancellation policy** for all scheduled appointments. There will be a charge of **\$35**, billed to the patient for each instance a patient does not show for a scheduled appointment or does not give at least 24-hour cancellation notice. Payment will be required before or at the time of your next scheduled appointment. Thank you for your understanding of this policy, as this helps us to serve you and our other clients more promptly and efficiently.

Please Initial and Date \_\_\_\_\_