

# PERFORMANCE PT

physical therapy + sports training

ASSIGNED TO: \_\_\_\_\_

APPT. DATE  
/ /

PLEASE PRINT

PATIENT INFORMATION					
LAST NAME	FIRST	MI	DATE OF BIRTH / /	SEX	
HOME ADDRESS	CITY	STATE	ZIP CODE	HOME PHONE ( )	
EMPLOYMENT STATUS EMPLOYED ( ) FULL TIME STUDENT ( ) PART TIME STUDENT ( ) N/A ( )		EMPLOYER NAME / SCHOOL NAME		TITLE / POSITION	
WORK ADDRESS	CITY	STATE	ZIP CODE	WORK PHONE ( )	
E-MAIL ADDRESS				CELL PHONE ( )	

EMERGENCY CONTACT OR LEGAL GUARDIAN INFORMATION			
LAST NAME	FIRST NAME	MI	
ADDRESS	STATE	ZIP CODE	
HOME PHONE	WORK PHONE		
RELATIONSHIP SPOUSE ( ) PARENT ( ) GUARDIAN ( ) FRIEND ( )	PARENT OR GUARDIAN E-MAIL ADDRESS		

FITNESS/PERFORMANCE TRAINING GOALS

CONSENT TO TRAINING		
<p>I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ALL CHARGES. IN THE EVENT MY ACCOUNT BECOMES DELINQUENT AND IS THEREFORE IN DEFAULT OF PAYMENT, I ACCEPT RESPONSIBILITY FOR THE PRINCIPAL AMOUNT OWING AS WELL AS ALL REASONABLE COSTS ASSOCIATED WITH THE COLLECTION OF THIS DEBT. THIS INCLUDES BUT IS NOT LIMITED TO COLLECTION SERVICE FEES, ATTORNEY'S FEES, AND ALL COURT COSTS AND ADDITIONAL LEGAL FEES ASSOCIATED WITH THE RECOVERY OF THIS DEBT. INTEREST MAY BE CHARGED AT A RATE OF 1.5% PER MONTH (18% ANNUALLY) FOR UNPAID BALANCES OVER THIRTY DAYS OLD. IF REIMBURSEMENT IS MADE BY OTHER PAYER SOURCES, I.E. ATTORNEYS, ATTORNEY LIENS, OR THIRD PARTY INSURANCES, NEGOTIATED INSURANCE DISCOUNTS WILL NOT APPLY. PAYMENT IN FULL PER THE CLINIC'S FEE SCHEDULE IS EXPECTED. I HEREBY AUTHORIZE SAID ASSIGNEE TO RELEASE ALL INFORMATION NECESSARY TO SECURE THE PAYMENT OF SAID BENEFITS. A COPY OF THIS ASSIGNMENT SHALL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL. I DO HEREBY CONSENT TO STRENGTH/FITNESS TRAINING BY THE AUTHORIZED PERSONNEL OF PERFORMANCE PHYSICAL THERAPY AND SPORTS TRAINING. THIS CONSENT IS INTENDED AS A WAIVER OF LIABILITY FOR SUCH TRAINING EXCEPTING ACTS OF NEGLIGENCE.</p>		
<table border="1"> <tr> <td>AUTHORIZED SIGNATURE: X</td> <td>TODAY'S DATE: / /</td> </tr> </table>	AUTHORIZED SIGNATURE: X	TODAY'S DATE: / /
AUTHORIZED SIGNATURE: X	TODAY'S DATE: / /	