



Patient Intake Form

First Name: _____ Last Name: _____ DOB _____

Legal Guardian(if applicable) _____

Phone: _____ Other: _____ Email: _____

Address: _____ City: _____ State _____ Zip _____

Emergency contact _____ Relationship _____ Phone _____

RELEASE OF INFORMATION

I give permission to Body Dynamic to release information to other healthcare providers, my insurance company, attorney, assignees and/or beneficiaries.

I give permission to Body Dynamic to call and leave personal information at the above "best" telephone number.

I give permission to Body Dynamic to take pictures and video as needed for care.

I give permission to Body Dynamic to communicate via non-secure email.

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I have read and understand the HIPPA guidelines. I understand a copy is available at my request.

I have read form NTC12-01 and understand I may contact Physical Therapy Board of CA at www.ptbc.ca.gov for information about my physical therapist.

I have read the nutritional notice and understand a copy is available at my request.

RELEASE OF LIABILITY (legal representative/patient)

I release Body Dynamic from any liability for injury or damages while using the facilities located at 761 University Ave, Suite B, Los Gatos, CA 95032. Body Dynamic will not be subjected to any claim, demand, injury or damages whatsoever, including, without any limitation to those damages resulting from acts of active or passive negligence, except for the sole negligence or willful misconduct, on the part of Body Dynamic or their owners, officers, agents or employees. The patient, for himself/herself and on behalf of his/her executors, administrators, heirs assigns, and successors does hereby expressly forever release and discharge Body Dynamic, its owners, officers, employees, agents, assigns and successors from all such claims, demands, injuries, damages, actions or causes of action. I also agree that the Body Dynamic is not responsible or liable to patients for articles damaged, lost or stolen in or about the facility.

CANCELLATION POLICY: We respectfully request a 24-hour notice for cancellation of a scheduled appointment. For Monday appointments, cancellation is required by 12:00pm the Friday before the appointment. If you have an emergency and cannot provide a 24-hour notice, please call as soon as possible, and leave a message on our answering machine. Cancellations without 24-hour notice will be charged a \$100 cancellation fee, payable at your next visit. Not showing for your appointment results in a \$180 charge. Arriving later than 30 minutes for an appointment is considered a "no-show" for that appointment and will be subject to a full \$180 appointment fee. Arriving 15 minutes late will result in \$50 additional co-insurance for insurance billed patients. Neither late cancel nor no show fees are billable to your insurance. We reserve the right to discharge a patient if there are excessive late attendances or late cancels.

I understand that payment of co-insurance is due and payable at time of service. There will be a service charge of \$30 for each returned check. Unpaid balances will incur late penalties will accrue after 30 days at a rate of 10% with an additional \$25 administrative fee for invoicing.

This agreement is governed by California law. Any disputes shall be resolved in Los Gatos, CA, county of Santa Clara. I willingly consent to physical therapy treatment provided by Body Dynamic.

My signature below indicates my full participation and agreement for Body Dynamic's services:

Signature(legal guardian) _____

Printed name _____ Date _____