

HOLISTIC PHYSICAL THERAPY AND WELLNESS  
CLIENT INFORMATION

Patient Name\*: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_ Gender\*: M  F  Identifies as \_\_\_\_\_ Preferred Pronoun \_\_\_\_\_

Address\*: \_\_\_\_\_ City \_\_\_\_\_, State, \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone\*: \_\_\_\_\_ Home / Cell / Work

Secondary Phone\*: \_\_\_\_\_ Home / Cell / Work

Email Address\*: \_\_\_\_\_

Employment Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone\*: \_\_\_\_\_ Home / Cell / Work

Person Financially Responsible \_\_\_\_\_

**Holistic Physical Therapy & Wellness is not contracted with any insurance company including Medicare. This company is registered with Medicare Noridian and CAQH as a non-contracted medical provider. A superbill will be provided, upon request, for you to submit to your insurance company for reimbursement for Physical Therapy services rendered. There is no guarantee of reimbursement. Payment is due in full by the client, when services are rendered. Payment may be made by cash, Zelle, check, Apple Pay, Venmo, Square, or PayPal. A credit card number is required to be on file to cover late cancellations, per the cancellation policy. Payments may be made online on the website [www.HolisticPTW.com](http://www.HolisticPTW.com) to secure appointments in advance.**

**I understand that I am responsible for payment in full when services are rendered.**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**How did you find Holistic Physical Therapy & Wellness?**

**Internet** Circle which: Facebook, Yelp, Google, Instagram, Other  \_\_\_\_\_

**Doctor Referral** Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**Friend/Family Referral** Name: \_\_\_\_\_ Phone# \_\_\_\_\_

What brings you in for treatment? (Brief comment)

---

---

---