"Limp In Leap Out"
Lilo Physiotherapy Inc.

PATIENT INFROMATION:

PERSONAL

Patient Name: _____
Address: _____
City, State, and Zip Code: _____
Date of Birth: _____Age: _____Sex: _____ Home#: _____Cell#_____
Email: _____
Out State Address: _____
_____
Emergency Contact: _____Phone#: _____
How did you hear about us: _____

CURRENT CONDITION

Describe your chief complaint / concern: _____
_____
If you have pain, please circle the intensity (10 being the worst) 0 1 2 3 4 5 6 7 8 9 10

Identify any position / activity that eases your symptoms: _____
_____
Identify any position / activity that aggravates your symptoms: _____
_____
What is your goal with Physical Therapy: _____
_____

PAST MEDICAL HISTORY DIAGNOSIS – SURGERIES AND MEDICATIONS

Please list any medical condition you have been diagnosed with or hospitalized for and any metal implants.
Also Include any medication you take.

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PATIENT SIGNATURE: _____ **Date:** _____

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PATIENT CONSENT FORM:

I hereby indicate my wish to be a participant in the rehabilitation program offered by **Lilo Physiotherapy Inc.**

I understand that the purpose of this program is to enhance my recovery from an injury or illness. I further understand that there exists the possibility that certain changes may occur during my treatment.

I understand that I will be informed during my evaluation of the procedures and methods of the treatment that will be administered to me.

I verify that my participation is fully voluntary, no coercion of any sort has been used to obtain my participation, and I may withdraw from treatment at any time.

I understand that the facility administrator maintains an open-door policy and encourages patients to participate for any reason.

PATIENT NAME: _____

PATIENT SIGNATURE: _____ **DATE**: _____

Cancelation Policy

We require that if you must cancel your appointment that we receive 24-hour notice or a charge of the full session amount of $125.00 will be incurred.
There are some exceptions to the rule as we understand life events happen, but please understand that when you book your appointment, you are holding a space on our calendar that is no longer available to our other patients. So please be mindful and respectful of your fellow patients and the therapist.

Thank you for your understanding.

PATIENT NAME: _____

PATIENT SIGNATURE: _____ **DATE**: _____