



## Body One Physical Therapy Adult Patient Information

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### Patient Information

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Gender \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Place Phone Number \_\_\_\_\_ Work Place Zip \_\_\_\_\_

### Emergency Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### Missed Appointment Policy

**All appointments require a 24-hour cancellation notice to avoid a missed appointment fee.**

Please help us to better serve you and others by keeping scheduled appointments. We reserve the right to bill a **\$40.00** missed appointment fee for appointments cancelled without at least 24 hours advanced notice. Consideration will be given for emergency situations.

It is our practice to confirm appointments on the business day prior to the scheduled appointment. Please advise our office staff of any changes to your contact information or your contact preferences.

I affirm the information above is correct and I understand the missed appointment policy.

\_\_\_\_\_  
**Signature of Patient or Responsible Party**

\_\_\_\_\_  
**Date**

*Originated: February 2004*

*Revised: May 2017*

North Meridian – 8902 N Meridian St, Ste 215 – 317-581-1890  
Zionsville – 70 Brendon Way – 317-733-2800

South Emerson – 7855 S Emerson Ave, Ste W – 317-889-5340  
Fishers – 10412 Allisonville Rd, Ste 117 – 317-567-8500