



BETTER WELLNESS PT

FEEL BETTER. BE BETTER.

Better Wellness PT

251 River St Troy NY 518-421-4468

Betterwellnesspt@gmail.com

Patient Intake Form

Name: _____

Gender: _____ DOB: _____

Address: _____

Phone of Patient: _____ Email: _____

Name of Guardian: _____

Phone of Guardian: _____ Email: _____

Insurance: _____

Insurance Policy #: _____

PT Copay: _____

Effective Date: _____

MD: _____

MD Location Address _____

Phone: _____

CONSENT FOR CARE & TREATMENT: I, the undersigned, do hereby agree and give my consent for Heather Flexer, PT, DPT doing business as Better Wellness PT to furnish medical care and treatment to _____ that is considered necessary and proper in diagnosing or treating his/her physical condition.

If you are not present at the time of initial treatment, Heather will call and email you an update after treatment

Patient Signature _____

Date: _____

Parent Signature if Patient is under

18 _____

Date: _____