



301 Highway 71 West, Suite 106
Bastrop, TX 78602
(512) 321-9659
Fax (512) 321-1226

Patient Information Sheet

Patient Name: _____ Date of Birth: _____
Parent or Guardian Name (if applicable): _____
Address: _____
City: _____ State: _____ ZIP Code: _____
Patient SS# _____ Home Phone: _____
Emergency Contact: #1 _____ Phone: _____
#2 _____ Phone: _____
Insured Name: _____ Phone Number: _____
Relationship to Insured: _____ Insured Date of Birth: _____
Insured's Address: _____
Insurance Plan Name: _____ Insurance ID#: _____
Insurance Policy/Group #: _____
Other Insurance: _____

Employer Information

Employment Status:
 Not Employed Full Time Part Time Retired
Name of Employer: _____
Address: _____
State: _____ ZIP Code: _____ Phone: _____
Injury related to work (current or previous): **YES** **NO**
Patient's Initial Functional Problems:

No Show Policy

A fee of \$25.00 will be charged to the patient if the patient fails to attend the scheduled appointment or if the patient appears for the scheduled appointment more than 15 minutes late. This fee will be waived only if the patient gives notice more than one-hour prior to the scheduled appointment. This "No Show Fee" is administered because of the inability of office staff to schedule another patient during the give time slot. In the event that a patient fails to appear for three scheduled appointments, or for two consecutive weeks from the last attended appointment, Garner & Riley Physical Therapy reserves the right to discharge the patient and refuse further treatment to the patient.

I hereby understand and agree to the above named policy.

Signature

Date