



# REVOLUTION PHYSICAL THERAPY NYC

## Patient Information

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is this the address on file with your insurance company: Yes No  
(if no please provide the address on file with your insurance company below)

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

What is the best way to contact you? Please Circle: Mobile Home Email

### Cancellation Policy:

We require 24 hour notice for all cancellations, by phone (leave a voice message) or email. Please be aware that we do not double book appointments, therefore any appointment not upheld is a slot that may have been provided to another patient in need. We encourage that patients are on time and present for their appointments as attendance is required in order for your therapist to establish and progress your therapeutic program. The late cancellation fee (less than 24 hours) is **\$75.00** and is not covered by insurance.

\_\_\_\_\_  
Patient Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient of Authorized Representative

\_\_\_\_\_  
Date