

## New Client Registration

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

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

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

Occupation: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

## Emergency Contact

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Health History

• Reason for your visit? \_\_\_\_\_

• When and how did your symptoms begin? \_\_\_\_\_

• What makes your symptoms better? \_\_\_\_\_

• What makes your symptoms worse? \_\_\_\_\_

• What treatment have you received? \_\_\_\_\_

• How do you feel compared to one month ago? (Please circle one below)

Much Better    Somewhat Better    Same    Somewhat Worse    Much Worse

• Level of life's stresses and tensions:                      Low    Medium    High

• Satisfaction and fulfillment with work:                      Low    Medium    High

• Level of control over work conditions:                      Low    Medium    High

• Describe your medical history: \_\_\_\_\_

## Policies & Release of Liability

Thank you for choosing Physical Therapy & Feldenkrais NYC, PC (“PT&F” or the “Practice”). We strive to create an optimal healing environment to assist you on your path to recovery and improvement. Please carefully read the following important information and policies of our practice and the releases of liability.

- **Payment, Scheduling & Cancellation Policy:** Payment is due at the time of service. We recommend scheduling private sessions 4-6 weeks in advance. We strictly require a minimum of 24-hour notice for rescheduling or canceling an appointment. A cancellation fee of \$125.00 will be charge for all appointments canceled, rescheduled, or broken without a minimum 24-hour notice.
- **About the Feldenkrais Method:** Feldenkrais is a movement-based method of learning. Our Guild Certified Feldenkrais Practitioners and Licensed Physical Therapists will use principles of the Feldenkrais Method to help clarify postural alignment, patterns of movement and habitual body mechanics through verbal instruction or gentle hands-on work. Using this integrated approach, the practitioner or therapist may work with areas of the body other than the specific site of injury or pain. Your comfort is a necessary condition for learning more optimal ways of moving and the overall success of the treatment. We accordingly ask that you please inform the practitioner or therapist without delay if you experience discomfort, physical or otherwise.
- **Photographic, Video & Audio Recordings Release:** In order to develop the most effective treatment plan and help educate you on your specific condition, our practitioners and therapists will sometimes create photographs, videos and/or audio recordings of your sessions, which solely will be used in your plan of care. We always will ask your consent in advance to the making of these recordings and you can refuse at any time without any other change in care at PT&F. Additionally, these recordings will not be reproduced or used otherwise, without your written consent.
- **Waiver & Release:** I understand and am in full appreciation of the risks inherent in activities offered by PT&F, described above, and do hereby release, waive, discharge, indemnify and hold PT&F and its subsidiaries, affiliates, agents and employees, harmless from and against any and all legal suits, claims or liability, including costs and attorney's fees, arising from or in connection to personal injury or damages to personal property, which may result from my participation in the aforesaid activities.

I hereby certify that (1) I have entered all of the information on the front page to the best of my knowledge; and that (2) I have read this form and understand and accept its content as of this date.

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**Sign Name**

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**Print Name**

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**Date**