



PATIENT INFORMATION

Mr. Mrs. Ms. Miss

Patient Name _____
Last Name First Name M.I.

Date of Birth _____

Home Address _____ City _____ State _____ Zip _____

Home Phone # (____) _____ Alternate Phone # (____) _____

Marital Status: Single Married Divorced Widowed Other

Email Address _____

Employer _____ Employer's Phone # (____) _____

Employer's Address (Street, City, State, Zip) _____

Spouse/Parent/Guardian (Circle one) _____ Home Phone # (____) _____

Referral Source _____ Primary Care Physician _____ Medical Group _____

How did you hear about Multi Sports Orthotics? Physician Physical Therapist Sports Event
 Other _____

Diagnosis/Nature of Injury _____ Date of Onset _____

Is Injury Related to: Work Auto Other Accident Non-Accident

FINANCIAL POLICY

I agree that I am committed to paying in full for all services at my initial evaluation.

I agree that Multi Sport Orthotics requires a 24 hour notice for cancellation of scheduled appointments and I will be financially responsible for late cancellations and missed appointments (no shows). The cancellation fee is \$100.00.

A service charge of \$50.00 will be applied to all returned checks.

LIMITED WARRANTY: For thirty (30) days after original purchase, we will adjust and repair (at our sole option) orthotics free of charge, but you will be required to deliver a written explanation of any problem and your orthotics to our offices within that time. After that initial thirty (30) day period, we will charge according to our fee based schedule for all appointments and services, including without limitation adjustments and repairs. This warranty covers only the original purchaser and only normal consumer use, but does not cover damage that results from alteration, accident, misuse, abuse or neglect. **THERE ARE NO RETURNS, REFUNDS OR EXCHANGES ON CUSTOM PRODUCTS AND THE WARRANTY EXPRESSLY PROVIDED IN THIS PARAGRAPH IS IN LIEU OF ALL OTHER REMEDIES AND WARRANTIES, WHETHER ORAL, WRITTEN, EXPRESSED OR IMPLIED, INCLUDING WITHOUT LIMITATION IMPLIED WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE.** In no event will Multi Sport Orthotics be liable for any special, incidental, or consequential damages.

Patient (or Parent/ Guardian) Date

Representative (If patient is unable to sign) Relationship to Patient



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Notice of Privacy Practices Acknowledgment

I understand my health information is private and confidential. Multi Sport Orthotics makes continuing efforts to protect the privacy and confidentiality of my personal health information.

I understand that Multi Sport Orthotics may use and disclose my personal health information to provide health care, to handle billing and payment, and to take care of other health care operations. (There will be no other disclosures of this information unless I specifically permit it. I understand that rarely the law may require the release of information without my permission.)

Multi Sport Orthotics has a detailed policy called the "Notice of Privacy Practices". It contains information about protecting my privacy. This "Notice of Privacy Practices" may be updated as needed and a copy will be available upon request. I will assist Multi Sport Orthotics by following office procedures (written request, reasonable time for completion and copying charges where indicated) if I choose to exercise any of my rights described in the "Notice of Privacy Practices". These rights include access, permission for release, record of disclosures, and communication by the available method of my choice.

My signature below indicated that I have read and may request a current copy of Multi Sport Orthotics' "Notice of Privacy Practices".

Patient or legally authorized signature

Today's Date

Date of Birth

Relationship (if signed by someone other than the patient)