



*Play at Your Peak  
Live Without Limitation*

**Patient Information**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Alternate Phone \_\_\_\_\_

\_\_\_\_\_

E-Mail: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Guardian: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Job Title: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Description of Symptoms / Problem:

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

Past Medical History: (Please include surgeries, previous injuries, illnesses and any other pertinent medical information) \_\_\_\_\_

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

Current Medications: \_\_\_\_\_

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

How Did You Hear About Us? \_\_\_\_\_

8340 South Sangre De Cristo Road, Suite 202  
Littleton, CO 80127  
303.932.1101 (phone) 303.932.0331 (fax)  
scott@wellnessandperformance.com



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**CONSENT FOR CARE AND TREATMENT:**

Your physical therapist will complete an evaluation process via interview and examination. From these findings, a treatment plan will then be designed. A variety of treatment techniques may be utilized. I the undersigned do hereby agree and give my consent for Musgrave Wellness and Performance to provide physical therapy care and treatment identified as proper and necessary in addressing my physical condition.

**CANCELLATION AND NO-SHOW POLICY:**

We require 24 hours notice should you need to cancel your appointment for ANY reason. In the event you do not provide 24 hours notice, you will be responsible for the entire fee for that appointment. You may reschedule your appointment without financial obligation, however we ask that as a courtesy you provide 24 hours notification.

**FINANCIAL POLICY:**

In striving to provide each individual with a personalized service, Musgrave Wellness and Performance accepts payments via cash or check. We ask for full payment to be rendered at the time of service. We will be happy to provide you with forms for submission to your insurance company upon request.

**Fee Schedule:**

Hourly rates: \$150.00 per hour for services rendered at our location.  
\$220.00 (and up depending on your location) per hour for services rendered at your location.

\_\_\_\_\_  
Responsible Party (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Party (Please Sign)

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