



NEW PATIENT FORMS CHECKLIST

Please download forms and follow instructions below. Then bring all your completed paperwork in with you on the day of your visit.

- Patient Information Sheet** – complete, sign, and date..
- Health History Questionnaire** – complete all three (3) pages. Sign and date.
- Download, print, and review **Office Policies**.
- Download, print, and review **Privacy Policies**.
- Download, print, and review **Patient’s Rights & Responsibilities**.
- Receipt for Policies Documents** – Initial each line. Sign and date at bottom.
- Financial Liability Agreement** – Review, sign and date.
- Authorization for Release of Protected Health Information** -
Complete name, address, phone, and fax numbers for your Primary Care Physician and your Therapist (if applicable). Complete other sections of the form. Review, sign, and date.