

# Lewis Pelvic Floor Therapy

**REBALANCING THE FLOOR OF YOUR CORE**  
3040 Berkmar Drive, Suite A  
Charlottesville, VA 22901  
434-960-4434

NEW PATIENT INTAKE FORM

Date

---

Patient Name: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Previous PT: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you currently receiving care from a Home Health Agency?

Have you received care from a Home Health Agency within the past three months?

Problem requiring therapy

---

Who can we thank for referring you? \_\_\_\_\_

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

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

MD or practitioner name if different from above: \_\_\_\_\_

Address \_\_\_\_\_

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

Primary care physician if different from above: \_\_\_\_\_

---

### Appointment Policies

1. Patients are expected to be on time for all appointments. If you know you will be late, please call. In order to keep therapist schedules running on time, patients who are late may not receive full treatment session.
2. When canceling, please give 24 hours' notice. If you do not, this will be considered a missed appointment (even if we are able to reschedule your appointment for a different date/time.) There is no charge for the first missed appointment. The second and subsequent missed appointments will result in a \$45 CHARGE, which you will have to pay before receiving further treatment. For your convenience you may leave a message on my voicemail if the office is closed. In case of emergencies where 24 hours' notice cannot be given, I will work with you on a case-by-case basis

I have read and agree to the above Appointment Policy

---

Patient's signature

---

Date