

B **ODY MECHANICS**

PHYSICAL THERAPY

New Patient Questionnaire

1. *Your insurance company may require you to pay a copay at each visit. Often times we can offer a payment plan. Will this cost pose a possible problem for you in keeping your scheduled appointments?*

2. *You will be required to come to therapy 2 to 3 times per week per your physician's orders. Will you need to make arrangements to fit this into your schedule?* _____
3. *Our therapists try to always run on time. There may be times when your therapist is running 10-15 minutes behind. Will this pose a problem with your schedule?* _____
4. *We do require sufficient notice when canceling an appointment or you may be charged a cancellation fee. If you no-show for your appointment and do not call our office to notify us in advance you will be charged a no-show fee. Do you foresee any reason that you may not be able to keep your appointments or arrive on time?*

5. *Do you have a preference in seeing either a male or female therapist? If so, which would you rather see?* _____
6. *Are you opposed to seeing more than 1 therapist during the duration of your treatment?* _____