



Tonic Physical Therapy
New Patient Registration Form

Name of Patient D.O.B.....

Telephone: Cell (.....)

Home (.....)

Work (.....)

Email Address:

Address:

.....

.....

Occupation:

Employer:

Emergency Contact

Telephone/email

Payments are due on the day of your visit. A valid credit card is needed on file.
LATE CANCELLATIONS/ NO SHOWS will be automatically charged. See *Informed Consent* form for cancellation time frame and policy.

Card Type: Visa MasterCard American Express **Security Code

Credit Card # Exp:

Patient Signature Date: