



**CHRISTINE EGAN PEDIATRIC PHYSICAL THERAPY, INC.**  
 64 Main St., #2 Rear, Pt. San Quentin Village, CA 94964  
 ph. 415.259-8626 fax 415.491.9734 email: christine@pt4children.com

**Intake Form**

Child's Name: .....

DOB: .....

Diagnosis: ..... Referred by: .....

Pediatrician's name: ..... Phone: .....

School: .....

Address: .....

City: ..... State: ..... Zip Code: .....

Primary Phone: ..... Other Phone: .....

Email (required): .....

Chief Complaint: .....

.....  
 .....

History of Injuries or Birth History: .....

.....  
 .....

Sports Participation: .....

.....  
 .....

Medications & Other Treatments or Therapies: .....

.....  
 .....

Additional Diagnoses: .....

**NO SHOW/LATE CANCELLATION POLICY:** Unless cancelled, at least 48 hrs. in advance, our policy is to charge for missed appointments at the rate of a normal office visit, billed directly to you, and payable prior to your next visit. Please help us serve you better by keeping scheduled appointments. *Thank you.*

I have read, understand and agree to the above financial policy:

Signature: ..... Date: .....

(pls. type name or sign)

I hereby authorize release of medical information from other professionals pertinent to my child's care. List individuals on back of form. Photographs and videos taken during session may be used to document my child's care.

**Parent Information:**

Parent Name: .....

Email: .....

Phone: .....

DOB: .....

Occupation: .....

Employer & Address: .....

Parent Name: .....

Email: .....

Phone: .....

DOB: .....

Occupation: .....

Employer & Address: .....

**Credit/Debit Card Preauthorization for Receipt of Services**

Cardholder's Name (exactly as on card) .....

Credit Card Billing Address Street .....

City: ..... State: ..... Zip Code: .....

Credit Card Type: VISA    MASTERCARD    (AmEx not accepted)

Credit Card Number: ..... Expiry Date: ...../..... CVC: .....

(pls. print clearly)

Accepted: ..... Date: .....

(pls. type name)

Click button below to email this form before your scheduled appointment to: [Rhana@pt4children.com](mailto:Rhana@pt4children.com)