

## Action Physical Therapy Patient Contact Sheet

Please fill in the following information (and please check all that apply and provide contact info)

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

\_\_\_\_ OK to leave messages with detailed information HOME \_\_\_\_ CELL \_\_\_\_

\_\_\_\_ OK to leave messages with callback information only HOME \_\_\_\_ CELL \_\_\_\_

\_\_\_\_ OK to text regarding important office information (i.e. Office closing, Emergencies etc.)

E-mail communication \_\_\_\_\_

Keep up to date with everything that is going on at Action Physical Therapy! We send out valuable wellness information and update you on upcoming events including our workshop and health fair educational programs...oh, and we give away cool things too!

Also, if there are any emergencies at the office (snow closing, your therapist calls in sick), we want to let you know. Your email safe with us... We promise we NEVER share or sell your email to anyone else. And, you can unsubscribe from our list at any time by clicking on "Unsubscribe" at the bottom of ANY email.

I understand that the use of cell phones/home phone and email will be method of communication as a patient at Action Physical Therapy. I am allowing Action Physical Therapy to use these methods of communication in the future for any communication needs they may have.

Patient Signature \_\_\_\_\_

Today's Date \_\_\_\_\_