



**David (Dahveed) Gross PT, SMS, BCSI**

2319 North 45<sup>th</sup> Street, Suite 301

Seattle, WA 98103

Phone: (206) 527-8628; Fax: (206) 527-8648

dahveedg@gmail.com

**Contact Information**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Phone numbers: Cell \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Emergency contact:

Name \_\_\_\_\_

Phone number \_\_\_\_\_

Relationship \_\_\_\_\_

Referring provider:

Name \_\_\_\_\_

Phone number \_\_\_\_\_

Primary Care provider (if different than referring provider)

Name \_\_\_\_\_

Phone number \_\_\_\_\_

Today's date: \_\_\_\_\_



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**Informed Consent for Treatment**

I \_\_\_\_\_ (print name) give my authorization for treatment records to be released to the responsible payor for reimbursement consideration. I request that any medical records requested by David Gross Physical Therapy (DGPT), necessary for treatment or further care, be forwarded to DGPT upon request.

**Initials** \_\_\_\_\_

I understand that I am financially responsible for all charges whether or not paid for by third parties such as insurance. I request that payment of authorized benefits be made on my behalf to DGPT. I assign the benefits payable to which I am entitled to DGPT for services rendered by DGPT.

**Initials** \_\_\_\_\_

I understand and acknowledge that DGPT has a 24-hour cancellation/rescheduling policy. Cancellations with less than 24 hours notice are difficult to fill and therefore prevent another client from having access to that appointment time. If I miss my appointment, cancel, or change my appointment with less than 24 business hours notice, DGPT reserves the right to charge me \$100. If I no-show or late cancel for 2 or more appointments, DGPT reserves the right to discharge me from his care. This policy is in place in respect for David's time and the time of his other clients.

**Initials** \_\_\_\_\_

I certify that the information that I have provided is complete and true to the best of my knowledge.

**Initials** \_\_\_\_\_

I understand that it is my responsibility to ask questions if anything is unclear to me. I, being 18 years or older and being under no disability or prohibition that would in any way prevent or affect this Consent and Release, consent to rehabilitation treatment prescribed by David Gross PT.

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Signature

Print Name

Date