



BODY RESET SYSTEM

BRENDA SHAEFFER, DPT

PATIENT DATA AND HEALTH QUESTIONNAIRE

CONSENT TO TREAT

I agree to give my consent for Brenda Shaeffer Physical Therapy to furnish treatment services considered necessary and proper for my condition. I also agree to the cancellation and payment policy outlined in my new patient packet.

Name of Patient (Please Print): _____

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

COMMUNICATION POLICY

All communications will be responded to during regular business hours. If you are experiencing a medical emergency, please contact your physician or urgent care resource. When you need to contact Brenda Shaeffer Physical Therapy for any reason, these are the most effective ways:

- You may leave messages on the voicemail (443-510-1746), which is confidential.
- By email (pt@brendashaeffer.com)
- If you wish to communicate with Brenda Shaeffer Physical Therapy by email or text message, please inquire about the potential confidentiality risks of doing so.

Please refrain from making contact with us using social media messaging systems such as Facebook Messenger or Twitter. These methods have very poor security and we are not prepared to watch them closely for important messages from patients. It is important that we be able to communicate so please speak with us about any concerns you have regarding our preferred communication methods.

Name of Patient (Please Print): _____

Signature: _____ Date: _____