



1720 Dolphin Drive, Unit B
Waukesha, Wisconsin 53186
Phone: 262-347-2222

CLIENT INFORMATION –

Client Name: _____ Date of Birth: _____
Home phone: _____ Cell phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Marital Status: _____ Student: _____ Employed: _____ Employer: _____
E-mail address: _____
Referred by: _____
Chief complaint / diagnosis: _____

PHYSICIAN INFORMATION –

Primary Care Provider: _____
Referring Physician/Practitioner: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

POLICIES AND FEES

Sue's Intervention Fee: \$125 per hour (Occupational Therapist, CranioSacral Therapist – Diplomat)
Lena's Intervention Fee: \$125 per hour (Doctor of Physical Therapy Providing Integrative Therapies)

- Payment is required at the end of each session.
- We can submit claims on client's behalf to their primary insurance company but do not accept assignment.
Special Therapies, Inc. is out-of-network for all private insurance companies and Medicare.
- No-shows and cancellations within 24 hours of scheduled appointment are subject to a \$50 fee.

I hereby authorize Special Therapies, Inc. to evaluate and administer therapeutic treatment as deemed necessary by Special Therapies, Inc. I understand that I will receive an explanation in understandable terms of the therapy recommended for the above-named person, including possible side effects associated with treatment. I agree to the above-stated policies and understand that I am responsible for all debt incurred with Special Therapies.

Patient Signature: _____ **Date:** _____