



PRECISION
IN MOVEMENT



PERFORMANCE
PHYSICAL THERAPY Inc.

DEEP TISSUE LASER THERAPY

Name	DOB	Gender
Mailing Address	Phone Number	
Email Address	Referral Source	
Description of Injury		

Do you have any tattoos around the injured area? Yes No

Are you pregnant? Yes No

Is the person being treated under 18? Yes No

Do you currently have, or have you had cancer? Yes No

I consent to receive physical therapy at the Institute for Precision in Movement and Performance Physical Therapy

Signature _____