



PATIENT COMMUNICATION PREFERENCES

Please provide the best email for reliable communication with you:

Email: _____

Do you prefer text or call reminders?

Please check one: Text Call No reminders, please

Cell Phone: _____

Home Phone: _____

By providing your above contact information and signing below, you agree to receive information (such as appointment reminders, your personal exercise program, patient surveys, and other information relating to the physical therapy services provided to you) via the communication channels for which you provided the contact information.

Patient Signature _____

Date _____