



Pelvic Health Intake Information

Name: _____

Address: _____

Phone:

Home: _____ Work: _____ Mobile: _____

Date of Birth: _____

Authorization/Consent to Email

Email address: _____

_____ I authorize receipt of email for appointment reminders and/or exercise programs.

_____ I **do not** authorize receipt of email of appointment reminders and/or exercise programs.

Kingston Pelvic Health will not solicit or initiate unwanted emails.

Emergency Contact Information

Name: _____

Phone Number(s): _____

Relationship: _____

Referral Information

Family Physician: _____ Referring Source: _____

I authorize the treating therapist to release assessment/treatment information to my family/referring physician.

Signature: _____ Date: _____

Witness: _____