



TEL: (262) 375-1075 FAX: (262) 375-4975  
2020 Cheyenne Ct, Grafton, WI 53024  
4927 N Lydell Ave, Glendale, WI 53217  
10590 N Port Washington Rd, Mequon, WI 53092

### INJURY EVALUATION CONSENT FORM

I, THE UNDERSIGNED, HEREBY CONSENT to an injury evaluation provided by a staff member of Body Renovation Physical Therapy, S.C. I understand that this is only an evaluation of my condition for the purpose of receiving a recommendation for possible follow- up medical attention. Actual physical therapy treatment and/or physician visits are not included in this free evaluation service. I will not hold Body Renovation Physical Therapy, S.C. or any of its treatment facilities liable for any exacerbation of symptoms during or after this injury evaluation. I understand that if I have any questions or if symptoms persist, change or worsen, I should contact a physician immediately.

\_\_\_\_\_  
Signature of patient/guardian  
(Guardian signature is required if patient is under 18 years of age)

\_\_\_\_\_  
Date

**PLEASE PRINT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Email: \_\_\_\_\_

Brief description of injury:  
\_\_\_\_\_

Therapist Notes: \_\_\_\_\_ Follow up date, Initials: \_\_\_\_\_

Appt: \_\_\_\_\_  
Primary Insurance \_\_\_\_\_  
Insured \_\_\_\_\_  
Policy# \_\_\_\_\_  
Policy Group # \_\_\_\_\_  
Insured DOB \_\_\_\_\_  
Relationship to patient \_\_\_\_\_

Verification date: \_\_\_\_\_  
INN OON  
Deductible  
Co insurance  
Co-pay  
Visit limit  
Referral YES NO  
Pre Auth YES NO