

# Patient Intake/Consent Form

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

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**CONSENT to TREAT:**

I consent to rehabilitation services at Therapy Partners, LLC - Belfast.  
In doing so, I understand, acknowledge and affirm that such rehabilitation and related services may involve bodily contact, touch and/or direct contact of a sensitive nature.

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**TREATMENT of MINORS:**

I, as a parent/guardian of a minor receiving treatment hereunder, do hereby agree and understand that I have been advised to remain on the premises during any such treatment, and waive any claim I may have resulting from failure to do so.

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**LIABILITY:**

I know and agree that Therapy Partners, LLC- Belfast  
Is not responsible for loss or damage to personal valuables.

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**WAIVER and RELEASE:**

I hereby release, discharge and acquit  
Therapy Partners, LLC-Belfast its agents, representatives, affiliates, employee,  
or assigns, of and from any and all liability, Claim, demand, damage, cause of action,  
or loss of any kind arising out of or resulting from my refusal to accept,  
receive or allow emergency and/or medical services including but not  
limited to ambulance service, Emergency Medical Technician, physician  
or urgent care services.

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**AUTHORIZATION OF PAYMENT**

I hereby assign all benefits directly to Therapy Partners, LLC-Belfast.

I also authorize release of any medical records necessary to facilitate  
my treatment, to process medical claims and otherwise permitted or  
required in the Notice of Privacy Practices. I understand fully that in  
the event my insurance company

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**NOTICE OF PRIVACY**

I acknowledge receipt of Notice of Privacy Practices.

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Certify that all the information provided herein is true and correct.

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Patient/Guardian Signature \_\_\_\_\_ Witness \_\_\_\_\_