



28202 Cabot Road
Suite 110
Laguna Niguel, CA 92677
tel (949) 276-5401
fax (949) 276-5403
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PATIENT NAME (first, last, middle initial)			
Address		City, State, Zip	
HOME PHONE #	Work Phone #	CELL PHONE #	
Social Security #	DATE OF BIRTH	Email Address	
Marital Status	GENDER	Student?	Employment Status
Occupation		Employer	
Address		City, State, Zip	

Emergency Contact (Name)	Home Phone #	Cell/Work Phone #
Address	City, State, Zip	Relationship to Patient

Financially responsible party if not patient must be present

Name		Relationship to Patient	
Address		City, State, Zip	
Home Phone #		Cell/ Work Phone #	
Social Security #	Date of Birth	Gender	

Cancellation Policy

Rausch Physical Therapy & Sports Performance requires a 6 hour cancellation and rescheduling notice. A \$45.00 charge will be assessed for no-showed appointments and last minute cancellations. Please phone us at your earliest convenience so that others may fill your appointment

Thank you in advance!

Patient Signature _____ Date: _____

