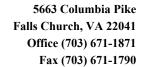




## **Patient Intake Form**

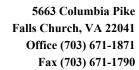
Referring Physician:		Work Related Injui	ry? YesNo
How did you find out a	bout us? □ Direct Mail □ Social Media	☐ Your Physician☐ Family/Friend - V	Who?
	PATIENT INFO	<u>ORMATION</u>	
Legal Name:			
	City:		
	_ Phone Number:		
SSN(required for self pay pa	tients):Pat	ient Employed By:	
	INSURANCE INI		
	EASE AND ASSIGNM		
and/or statement of charge carrier, workman's companyone assisting in obtain Insurance Assignment: insurance, insuring the pto be applied to the charge Agreement to Pay for Statement To Pay for Stat	I hereby assign medical batient or any other party liges for services rendered.  Services: For and in considerations of the services is a service of the services of the services.	pervices to, but not limited welfare funds, attornate tenefits of any type arises able for the patients calleration of the care and	ted to, an insurance aleys, consultants, and sing out of any policy of the to, Respire PT LLC, I treatment provided to
patient, including charge the insurance carrier, wo	y Respire PT for all charge es for insurance deductible orkers compensation carrie insultants, and anyone assis	and co-insurance whice r, health and welfare fu	ch are not covered by ands, and fees or
Patient Signature (or legal g	guardian if under 18 years old	Date	





## **MEDICAL HISTORY**

Injury/Condition:		Surg	gery Date:	Onset Date:	
Have you received phys	sical therapy or Ho	ome Hea	lth Care via M	edicare this yea	r? Yes / No
Have you had any in \[ \subseteq X-Ray  \text{CT S} \] What did they show?	scan		Doppler	$\Box$ Ultrasound	k all that apply: □Bone Scan
Have you recently no	oted:				
= -	□Numbness/Ting	ling [	Fatigue	☐ Change InVis	ion or Hearing
□ Nausea/Vomiting	_	_	Headaches	_	
□ Pain at Night					
Do you have now or	have you ever l	nad any	of the follow	ving?	
					$\Box$ Fractures
☐ Heart Problems/Pacer		□Diabete			☐ Blood Pressure Problems
☐Surgeries-list below	<i>I</i>	□Motor	Vehicle Acc	ident	☐ Allergies/Skin Sensitivity
$\square$ Sprains/Strains		□Seizure	es		☐ Hearing Difficulty
☐ Circulation Problems			a/Breathing Pr	oblems	☐Lung Disease
□Stroke		□Leg/Ankle Swelling			$\square$ NONE APPLY
$\Box$ Any other medical co	onditions:				
Explain & give approxi	mate dates for any	y items ir	idicated above		
Are you currently tak Attach list - or - Write I Medication:	Name or Type of				
Current Pain Descri Type of Pain: Sharp/Bu Rate your pain (average	rning/Aching/Tin	gling/Nu 10 (1=mi	mbness/Other nimal 10=seve	ere) Pain Level:	0 1 2 3 4 5 6 7 8 9 10
<b>Treatment Goals</b> What do you hope to get Is there anything else you				sical therapist?_	
Patient Signature				Date	





### MISSED APPOINTMENT AND CANCELLATION POLICY

#### Respire PT requires 24 hours notice to cancel or reschedule your appointment.

Please call us at least 24 hours in advance to cancel or change a scheduled appointment. Since we reserve an hour on your therapist's schedule for each appointment at Respire PT, we expect you to make every effort to arrive on time and ready for your appointments. Late cancellations and no shows are subject to fees, which are outlined below.

<u>Late Cancellation</u> - Appointment is cancelled within 24 hours of scheduled appointment.

**No Show** - Patient does not arrive for scheduled appointment or cancels within 2 hours of appointment.

**Late Arrival -** Patient arrives more than 15 minutes late.

# Respire PT collects fees for late cancellations and no shows at the patient's next appointment.

#### Fees:

- Late cancellations \$50 second incident; \$75 for third incident
- No shows \$75 after second incident

\*Illnesses and emergencies are handled on a case by case basis. Please speak with our Office Manager if you have any questions.

#### **Attendance Policy:**

The following situations may result in being removed from the therapy schedule and referred back to your doctor:

- Late cancellations (after 3rd incident)
- No shows (after 2nd incident)
- Late arrivals (after 3rd incident)
- Excessive cancellations

be cancelled by Friday.	
email your physical therapist to change or cancel an appointment. Monday appointments need	d to
Cancelling? Please call or email the front desk at least 24 hours in advance to avoid a fee. Do	) not

Patient or Personal Representative Signature	Date	