

NAME: _____



Briefly describe the history of your current condition: _____

When did this start?: _____

Have you received any other treatments for your current condition? _____

Have you received the following? MRI X-ray CT Scan Other: _____

List (or supply a copy) of all medications you are currently taking: _____

List all major surgeries: _____

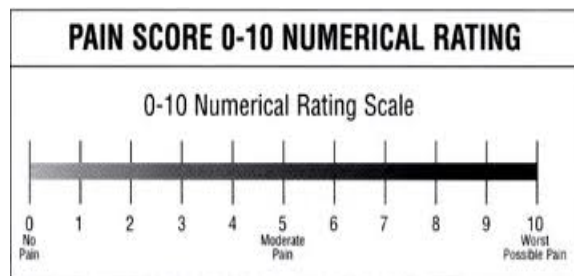
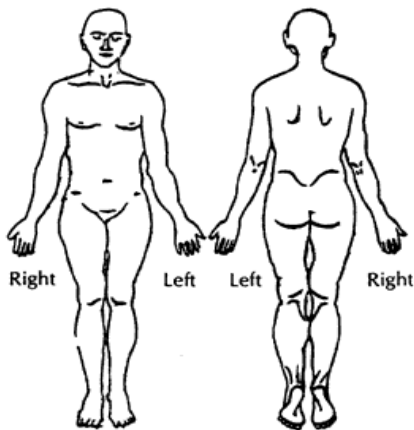
Have you ever had physical therapy before? Yes No When? _____

Type of work?: _____

Retired Student Full-time Part-time Light Duty Off Work

List all activities you have difficulty performing: _____

On a scale from 0-10 (where 10 is having to go the hospital, how severe is your pain? Where is your pain?



Are your symptoms: Getting Better Staying the Same Getting Worse

How are you able to sleep at night? Good Moderate Difficulty Poor

Indicate if you have had a history of any of the following conditions:

Diabetes	Chest Pain	Circulatory Problems
High Blood Pressure	Shortness of Breath	Currently Pregnant
Heart Condition	Allergies	Dizziness/Fainting
Stroke	Asthma	Polio
Osteoporosis	Liver/Kidney Disease	Parkinson's
Pacemaker	Lung Condition	Multiple Sclerosis
Cancer	AIDS/HIV	Numbness/Tingling
Depression	Seizures	Head injury
Osteoarthritis	Hernia	Hepatitis
Rheumatoid Arthritis	Bleeding Disorders	Herniated Disk
High Cholesterol	Fractures	Pinched Nerve
Smoking	Fibromyalgia	Joint Replaced

NAME:



Patient Information

Today's Date: _____ . Last Name: _____ . First: _____ .

Date of Birth: _____ . SS#: _____ . Gender: _____ .

Street Address: _____ . Suite/Apt #: _____ . City: _____ .

State: _____ . Zip: _____ .

Home Phone: _____ . Mobile Phone: _____ .

Email (for appointments and newsletter): _____ .

How did you hear about us? Google Yelp Friend/Family: _____ . Event: _____ .

Other

Referring Physician: _____ .

Emergency Contact: Name: _____ . Phone: _____ . Relationship: _____ .

Patient Information Acknowledgment:

I have read and fully understand Foundational Physical Therapy, LLC (Chandler Physical Therapy) notice of patient information practices. I understand that Foundational Physical Therapy, LLC (Chandler Physical Therapy) may use or disclose my personal health information for the purpose of carrying out treatment, obtaining payments, evaluating the quality of service provided, and for any administrative operations related to treatment or payment. I understand I have the right to restrict how my personal health information is used and disclosed for treatment, payment, and administrative operations if I notice the practice. I also understand that Foundational Physical Therapy, LLC (Chandler Physical Therapy) will consider request for restrictions on a case by case basis, but does not have to agree to requests of restrictions. I hereby consent to the use and disclosure of my personal health information for purposes as noted in Physical Therapy, LLC (Chandler Physical Therapy) notice of patient information practices. I understand that I retain the right to revoke this consent by notifying the practice in writing at this time.

PATIENT INITIAL: _____

Consent to Treatment

I understand I have the right to ask any questions in regards to my individual treatment plan prior to receiving any treatment. By signing this agreement, I hereby give consent to receive treatment from Foundational Physical Therapy, LLC (Chandler Physical Therapy) as prescribed by my physician and/or recommended by my therapist.

PATIENT INITIAL: _____

Appointment Cancellation Policy

All patients are required to provide a 24 hour notice to Foundational Physical Therapy, LLC (Chandler Physical Therapy) if you are unable to attend a scheduled appointment. There will be a \$25 fee for any no show or cancellation made less than 24 hours before your scheduled visit.

PATIENT INITIAL: _____

Patient Name: _____

SIGNATURE: _____

Date : _____



Financial Policies

Cash Accounts: Payment is due at the time of service.

Private & Group Insurance Plans: You are required to pay your co-payment at the time of service.

The support staff of Foundational Physical Therapy, LLC (Chandler Physical Therapy) will bill your insurance company once you have provided a completed insurance information sheet and a copy of your insurance card/cards. This service is provided as a courtesy to you; you are ultimately responsible for prompt and full payment for all services provided. We accept cash, checks, MasterCard, or Visa. Please be advised that there will be a \$25 service charge added to your account for returned checks.

Your insurance is a contract between you, your employer if applicable, and the insurance company. **It is the responsibility of the patient to know their benefits and if prior authorization is required by their insurance company prior to physical therapy treatments. Failure to obtain prior authorization may affect the benefits paid by your insurance company. It is your responsibility to pay for all services regardless of any agreement you may have with an insurance company, employer, union, government, or legal suit.**

If your insurance company fails to pay the claim in a timely manner, you are responsible for the payment of the contracted amount in full.

Medicare: We at Foundational Physical Therapy, LLC (Chandler Physical Therapy) are authorized by Medicare to provide physical therapy services. We will submit a completed claim electronically to Medicare for you.

All Patients: Should your account be referred for collections, the undersigned shall pay reasonable collections expenses including attorney's fees.

PLEASE READ AND SIGN THE FOLLOWING:

I authorized Foundational Physical Therapy, LLC (Chandler Physical Therapy) to furnish my insurance company and my physician with all information requested concerning my illness or injury.

I authorize and assign any and all money payable to me under the terms of any insurance policy, contract or third party entitlement as a result of the services provided by Foundational Physical Therapy LLC (Chandler Physical Therapy).

I understand that I am financially responsible for all charges not covered by my insurance.

PATIENT SIGNATURE:

Date: