



Welcome to PTR A!

Patient name: \_\_\_\_\_

Patient birthday: \_\_\_\_\_ Patient gender: \_\_\_\_\_ Patient marital status: \_\_\_\_\_

Patient street address: \_\_\_\_\_

Patient city, state, zip: \_\_\_\_\_

Patient employer: \_\_\_\_\_

Patient email: \_\_\_\_\_

Patient best phone number: \_\_\_\_\_ Phone type: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Best phone number: \_\_\_\_\_



Welcome to PTRa!

Insurance company: \_\_\_\_\_

Insurance ID number: \_\_\_\_\_ Insurance group number: \_\_\_\_\_

Are you currently receiving home health? \_\_\_\_

Check here if you are the primary subscriber on the insurance: \_\_\_\_ if you check this box, you may skip to the next page

Primary subscriber name: \_\_\_\_\_

Primary subscriber birthday: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_



Welcome to PTRA!

Please tell us about why you're seeking physical therapy today: \_\_\_\_\_

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If there was an injury, when and how did you get injured?: \_\_\_\_\_

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Have you had any testing related to the reason you're here today? If so, what type and what were the results:

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What other treatments have you received for today's condition (what, when, where): \_\_\_\_\_

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Welcome to PTR A!

Check any conditions below that you have now or have ever had:

- ☐ High blood pressure
- ☐ Diabetes
- ☐ Vascular disease
- ☐ Current flu or fever
- ☐ Osteoporosis
- ☐ Cancer

- ☐ Migraine headaches
- ☐ Heart disease
- ☐ Open wounds
- ☐ Hernia
- ☐ CVA/stroke
- ☐ Fractures

- ☐ Arthritis
- ☐ Pacemaker
- ☐ Current infection
- ☐ Current pregnancy
- ☐ Seizures
- ☐ Depression

Date and details of the conditions checked, or other conditions not listed:

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Please list any previous surgeries you've had and the dates of those surgeries: \_\_\_\_\_

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Welcome to PTR A!

List any medications you're currently taking: \_\_\_\_\_

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Who is your primary care physician: \_\_\_\_\_

Primary physician phone number: \_\_\_\_\_



Welcome to PTR A!

### Electronic Communications:

PTR A may send emails and/or text messages with non-sensitive information and will not share your contact information with anyone. Would you like to receive communications via email or text message from PTR A?

☐ Yes

☐ No



Welcome to PTRA!

### Release of Information:

All information provided herein is true and correct. I hereby consent to treatment.

I give permission to PTRA to release information, verbal and written, contained in my medical record, and other related information, to my insurance company, rehab nurse, case manager, attorney, employer, school, related healthcare provider, assignees and/or beneficiaries and all other related persons as it relates to my treatment.

I authorize PTRA to obtain medical records and/or professional information from my physician or other medical professional as it relates to my treatment. Information without patient identifiers may be used for quality assurance purposes. I have read and understand the above release.

If you would like information released to anyone else, please provide contact information: \_\_\_\_\_

☐ Yes

☐ No



Welcome to PTR A!

### Assignment of Benefits:

I authorize payment directly to PTR A for services. This is a direct assignment of my rights and benefits under this policy. A photocopy of this assignment shall be considered as effective and valid as the original.

☐ Yes

☐ No





Welcome to PTRA!

Informed Consent:

I authorize physical therapists, and their assistants, of PTRA to provide the physical therapy, services, and supplies considered advisable by my provider.

☐ Yes

☐ No



Welcome to PTRA!

Notice of Privacy Practices:

I hereby acknowledge that I have received a copy of The Notice or Privacy Practices from PTRA. In addition, I hereby consent to use and disclosure of my personal health information for the purposes of treatment, payment, and health care operations.

☐ Yes

☐ No



Welcome to PTRA!

**Payment Guarantee:**

I agree to pay PTRA for the services provided to me or the party named above. If any law, such as Workers' Compensation, or insurance contract prohibits payment for these services, I will cooperate and assist in the provision of information, authorizations, releases, or any other type of information necessary to allow for speedy collection from my third-party payer. Where the law or an insurance contract does not prohibit payment by me, I acknowledge responsibility for any and all balances.

The Financial Policy is only an explanation of coverage obtained from my insurance company and it is not a guarantee of coverage. If the information provided by my insurance company is not accurate and the insurance company changes its coverage, I will be responsible for services.

I further understand that this agreement is binding regardless of any legal transaction currently in progress or initiated during or after the course of my treatments unless agreed to in writing by myself and a representative of PTRA.

☐ Yes

☐ No



Welcome to PTRA!

### Attendance Policy:

PTRA has a no-show policy which will affect all patients who do not keep their scheduled appointment or cancel an appointment with less than a 24-hour notice. Patients will be assessed a \$25 fee.

Also, appointments may be forfeited and a no-show fee may be assessed if you arrive more than 10 minutes after your appointment start time.

I agree to arrive on time or cancel my appointment with at least a 24-hour or I agree to pay the no-show fee.

☐ Yes

☐ No



Welcome to PTRa!

I hereby certify that I have carefully read the questions, that I understand them and that the information given is complete, true and accurate to the best of my knowledge. Type your name below. This constitutes an electronic signature that is required by law.

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

**Once completed, print and bring to the office for your appointment.**