

Physical Therapy/*Feldenkrais*[®] intake

Name

First appt date

Address

Cit, state zip - include extra 4 digits

Phone(s) please indicate H W C (leaving a number here gives MSC permission to leave messages at these numbers.)

Email

Emergency Contact: name, relationship, number

Referred by:

Doctor's name and contact info:

Current symptoms: What do YOU feel? Complaint? (not the medical lingo here)

Medical problem:

Past Medical History: the diagnosis', procedures, things you take medicine for, surgeries you've had.

What do you hope to gain from our work together? Goals?

What do you do? How do you spend your days?

Are there activities you avoid?

What other therapies have you tried for this problem?

Who else do you currently see for this (or related) problem?

What kind of exercise do you do and how often?

I give Mary Susan Chen permission to communicate with the following health care professionals: (names and contact info)

Insurance: do you have Blue Cross PPO?

PT billed to insurance "is reasonable and medically necessary with the expectation that the condition will improve significantly in a reasonable and predicted period of time."

Your therapist reserves the right to determine if and how long s/he agrees to bill your insurance.

I agree that the above info is true and fully disclosed. I understand that not disclosing part of my medical history can detrimentally affect my treatment and I take full responsibility.

Sign and date:

A copy of the privacy act (HIPPA) has been made available to me.

Sign and date: