



Patient Registration Form

Personal Information

Name:		Name you prefer:	
Home Address:		Apt #	
City:	State:	Zip Code:	
Mailing Address:			
City:	State:	Zip Code:	
Injury/ Diagnosis:		Home Phone:	
Date of Injury/Onset of symptoms:		Work Phone:	
Date of Birth:	Age:	Cell Phone:	
Email Address:			
Emergency Contact:		Emergency Contact Phone #:	
How did you hear about us?:			

Referring Physician Name:		Phone #:	
City, State:			
Primary Care Physician Name:		Phone #:	
City, State:			
Employer Name:		Occupation:	
Address:		City, State:	
Social Security Number (For Insurance Benefit Verification):			

Primary Insurance Information

Is this an auto accident?: Yes No Is this a worker's comp case?: Yes No			
If "Yes", list claim # and adjuster contact information:			
Health Insurance Company Name:			
Subscriber's Name:		Subscriber's Date of Birth:	
Relationship to the Subscriber:			
Subscriber's Address and Phone # if different from patient:			
Address:			
City, State		Zip	Phone#

Secondary Health Insurance Information

Health Insurance Company Name:		
Subscriber's Name:	Subscriber's Date of Birth:	
Relationship to the Subscriber:		
Subscriber's Address and Phone # if different from patient:		
Address:		
City, State	Zip	Phone#

ASSIGNMENT AND INSTRUCTION FOR DIRECT PAYMENT TO HEALTH PROVIDER

Insurance Company/Companies Name(s) _____

I hereby instruct the above named insurance company/companies to pay by check made out to and mailed directly to: **ProEx Physical Therapy** for professional/medical expenses allowable and otherwise payable to me under my current insurance policy as payment toward the total charges for services rendered.

THIS IS A DIRECT ASSIGNMENT OF MY RIGHTS AND BENEFITS UNDER THIS POLICY.

This payment will not exceed my indebtedness to the above mentioned assignee and I agree to pay, in a current manner, any balance of said professional fees for non-covered services and/or fees, over and above the insurance payment as required by my insurance policy.

CONSENT TO TREAT

I hereby authorize the professional staff at ProEx Physical Therapy to examine & treat me for the injury I have been referred here for or referred myself to.

Patient Name (Printed)_____
Patient Signature Date_____
Parent or Guardian (Printed) Relationship_____
Parent or Guardian Signature Date_____
Staff Witness Signature_____
Date

Medical History Information Sheet

1. What would you say is the pain rating for your current condition using a scale of 0 – 10? (0=no pain, 10=worst pain imaginable) _____

2. Do you now or have you ever had the following?	yes _____ no _____	Explain
<i>Stroke</i>	yes _____ no _____	_____
<i>Heart Disease or Heart Murmur</i>	yes _____ no _____	_____
<i>High Blood Pressure</i>	yes _____ no _____	_____
<i>Asthma</i>	yes _____ no _____	_____
<i>Diabetes</i>	yes _____ no _____	_____
<i>Epilepsy/Fainting</i>	yes _____ no _____	_____
<i>Impairment of Vision or Hearing</i>	yes _____ no _____	_____
<i>Cancer</i>	yes _____ no _____	_____
<i>Drug Allergies</i>	yes _____ no _____	_____
<i>Osteoporosis</i>	yes _____ no _____	_____

Orthopaedic History – Please give dates & treatments received:

3. Have you ever sprained, strained, dislocated or fractured the following:

Neck/Head (including concussion) _____

Trunk (ribs, vertebrae, sternum) _____

Low Back (vertebrae, discs, nerves) _____

Upper Extremity (shoulder, elbow, wrist, arm) _____

Lower Extremity (hip, leg, knee, ankle, foot) _____

4. Please list any surgeries that you have had and their dates:

5. Please list medication(s) presently taking: _____

6. Women: Are you pregnant? yes _____ no _____

7. Have you ever had PT in the past? _____
If so, when? _____

8. **IF YOU HAVE MEDICARE, HAVE YOU EVER HAD HOME HEALTH CARE?** _____

9. If so, what is the **name and phone number** to the agency? _____

I agree that the above information accurately describes my medical history and that should any changes in my medical history occur, I will notify my PT immediately

Signature _____ Date: _____



Missed Appointment Policy

We strive to provide our patients with excellent service and quality care. Our commitment to your well-being and health care is something that we at *ProEx Physical Therapy* take very seriously.

Your commitment to your physical therapy program is critical to your success. We will recommend treatment and set goals for you. In order to reach those goals you must do your part and your most important part is to make each and every appointment.

We will give you an appointment card to keep track of your appointments. If you should misplace this, please give us a call to review your appointment dates. We expect you to keep all your appointments; however should you need to cancel please note that we require a **24-hour notice**.

If you need to cancel please call our office and reschedule. If you do not cancel with a **24-hour notice** or if you do not show for an appointment **you will be charged \$35** for the missed appointment.

If you miss **3** consecutive appointments we will notify your physician and will require a new referral in order to continue your treatment.

We thank you for choosing *ProEx Physical Therapy* and we are looking forward to working with you and helping you reach your goals.

The Staff at ProEx Physical Therapy

I have read and understand this policy.

Patient/ Guardian

Date



Notice of Privacy Practices

I hereby authorize that I am aware of my rights as it pertains to HIPAA and my Protected Health Information (PHI). ProEx Physical Therapy has offered me a copy of their Notice of Privacy Practices for my own records.

If there is anyone you would like to authorize the disclosure of your PHI, medical or billing, you may specifically name the party below and indicate what information you would like to disclose:

1. Name: _____ Relationship: _____

entire medical record diagnosis & medical treatment ONLY billing ONLY

2. Name: _____ Relationship: _____

entire medical record diagnosis & medical treatment ONLY billing ONLY

Patient Signature: _____ Date _____

Parent or Guardian Signature: _____ Date: _____
(if under 18)

ProEx Physical Therapy

Notice of Privacy Practices

Effective Date: August 26, 2013

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.

Your medical record may contain personal information about your health. This information may identify you and relate to your past, present or future physical or mental health condition and related health care services and is called Protected Health Information (PHI). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law. It also describes your rights regarding how you may gain access to and control your PHI. We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

How we may use and disclose health care information about you:

For Care or Treatment: Your PHI may be used and disclosed to those who are involved in your care for the purpose of providing, coordinating, or managing your services. This includes consultation with clinical supervisors or other team members. Your authorization is required to disclose PHI to any other care provider not currently involved in your care. **Example:** *If another physician referred you to us, we may contact that physician to discuss your care. Likewise, if we refer you to another physician, we may contact that physician to discuss your care or they may contact us.*

For Payment: Your PHI may be used and disclosed to any parties that are involved in payment for care or treatment. If you pay for your care or treatment completely out of pocket with no use of any insurance, you may restrict the disclosure of your PHI for payment. **Example:** *Your payer may require copies of your PHI during the course of a medical record request, chart audit or review.*

For Business Operations: We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. We may also disclose PHI in the course of providing you with appointment reminders or leaving messages on your phone or at your home about questions you asked or test results. **Example:** *We may share your PHI with third parties that perform various business activities (e.g., Council on Accreditation or other regulatory or licensing bodies) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI.*

Required by Law: Under the law, we must make disclosures of your PHI available to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule, if so required.

Without Authorization: Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of other situations. Examples of some of the types of uses and disclosures that may be made without your authorization are those that are:

- Required by Law, such as the mandatory reporting of child abuse or neglect or mandatory government agency audits or investigations (such as the health department)
- Required by Court Order
- Necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Verbal Permission: We may use or disclose your information to family members that are directly involved in your receipt of services with your verbal permission.

With Authorization: Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked. Your explicit authorization is required to release psychotherapy notes and PHI for the purposes of marketing, subsidized treatment communication and for the sale of such information.

Your rights regarding your PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer:

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances or with documents released to us, to inspect and copy PHI that may be used to make decisions about service provided.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for services, payment, or business operations. We are not required to agree to your request.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about PHI matters in a specific manner (e.g. telephone, email, postal mail, etc.)
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

Website Privacy

Any personal information you provide us with via our website, including your e-mail address, will never be sold or rented to any third party without your express permission. If you provide us with any personal or contact information in order to receive anything from us, we may collect and store that personal data. We do not automatically collect your personal e-mail address simply because you visit our site. In some instances, we may partner with a third party to provide services such as newsletters, surveys to improve our services, health or company updates, and in such case, we may need to provide your contact information to said third parties. This information, however, will only be provided to these third-party partners specifically for these communications, and the third party will not use your information for any other reason. While we may track the volume of visitors on specific pages of our website and download information from specific pages, these numbers are only used in aggregate and without any personal information. This demographic information may be shared with our partners, but it is not linked to any personal information that can identify you or any visitor to our site.

Our site may contain links to other outside websites. We cannot take responsibility for the privacy policies or practices of these sites and we encourage you to check the privacy practices of all internet sites you visit. While we make every effort to ensure that all the information provided on our website is correct and accurate, we make no warranty, express or implied, as to the accuracy, completeness or timeliness, of the information available on our site. We are not liable to anyone for any loss, claim or damages caused in whole or in part, by any of the information provided on our site. By using our website, you consent to the collection and use of personal information as detailed herein. Any changes to this Privacy Policy will be made public on this site so you will know what information we collect and how we use it.

Breaches:

You will be notified immediately if we receive information that there has been a breach involving your PHI.

Complaints:

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer at ProEx Physical Therapy. If you have questions and would like additional information, you may contact us at 877-776-9843.