



NEW PATIENT INFORMATION

Patient's Full Name _____ Patient's Birthdate _____
Social Security Number or Driver's License Number _____ State _____ (for patient or resp. party)
Emergency Contact _____ Relationship _____ Phone# _____
Responsible Party Name _____ Relationship _____ Phone # _____
Responsible Party Address _____

CURRENT SYMPTOM INFORMATION

Body Part _____ Symptom First Noticed ____/____/____ How did it occur? _____
Work Related? Y N Auto Accident? Y N State _____ Date of Accident _____
Did you need surgery? Y N Date of Surgery _____ Do you have an attorney? Y N
Last seen by doctor _____ Doctors Name and Phone # _____
Have you had Physical Therapy or Home Health this year? Y N If yes, how many visits? _____
If you had Home Health this year, have you been formally discharged? Y N Date of Discharge _____

1. MEDICAL & FINANCIAL RELEASE

I agree to the terms and policies included within H.I.P.A.A. I understand that I have access to my own medical records until further notice or until written notification is received which requests nullification.
Is there anyone you want to have access to your medical & financial information to?
(Please list name & relation to you) _____

2. ASSIGNMENT & RELEASE OF INFORMATION

I hereby authorize my insurance company to make payment directly to Registered Physical Therapists Inc (RPT). I further authorize RPT to release information to my insurance company for claims processing and any other person(s) or company I have listed above.

3. APPOINTMENT REMINDERS

Would you like to receive reminders for your upcoming appointments? Y N
Preferred Reminder Method:
 Text Message - Cell Phone Number: _____
 Voice Call - Phone Number: _____
 Email - Email Address: _____

I agree to the terms 1, 2 & 3 listed above and agree that the information above is accurate to the best of my knowledge.

Responsible Party Signature _____ Date _____
Relationship to Patient (if other than Self) _____



REGISTERED PHYSICAL THERAPISTS, INC.

Advanced, Personalized Care To Get You Back To Work And Play Fast

RPT Electrode Policy

(Please read and sign below)

As part of your physical therapy treatment you will receive a procedure called electrical stimulation. This requires the use of electrodes (small sticky pads) to conduct the electrical current to the area being treated. For hygiene purposes we suggest that our patients purchase a set of electrodes that will be specifically for your personal use during your treatment. **The charge for this supply is \$10.00**, which most insurance companies do not cover. We do not provide the service of billing your insurance for electrodes; therefore, we request the patient pay for the electrodes upon receipt.

You may opt to use the general electrodes that you will not be charged for; however, we suggest that each patient have their own set for sanitary reasons.

Please be aware that if you have not been treated for 3 months, we no longer have your electrodes on file. The electrodes lose their adhesive after that amount of time.

Yes, I would like to receive my own set of electrodes _____

Signature

No, I do not want my own electrodes _____

Signature