



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: _____

To correctly submit the intake form, download and save the form and then fill it out and save it again.



Welcome to PTR A!

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 PTR A!

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

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

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

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



Welcome to PTR A!

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

- | | | |
|-----------------------------------------------|---------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Migraine headaches | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart disease | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> Vascular disease | <input type="checkbox"/> Open wounds | <input type="checkbox"/> Current infection |
| <input type="checkbox"/> Current flu or fever | <input type="checkbox"/> Hernia | <input type="checkbox"/> Current pregnancy |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> CVA/stroke | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Fractures | <input type="checkbox"/> Depression |

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

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



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List any medications you're currently taking: _____

Who is your primary care physician: _____

Primary physician phone number: _____



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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 PTR A!

Release of Information:

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

I give permission to PTR A 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 PTR A 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 PTR A!

Informed Consent:

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

Yes

No



Welcome to PTR A!

Notice of Privacy Practices:

I hereby acknowledge that I have received a copy of The Notice or Privacy Practices from PTR A. 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 PTR A!

Payment Guarantee:

I agree to pay PTR A 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 or PTR A.

Yes

No



Welcome to PTR A!

Attendance Policy:

PTR A 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, click 'Submit', save a copy of your completed document,
and email to admin@ptratx.com**