1on1 PT Asheville

24 Sardis Rd, Ste B, Asheville, NC 28806

www.1on1ptasheville.com rtfdpt@gmail.com office: 828.785.8388 eFax: 828.333.4898

PHYSICAL THERAPY INTAKE FORM

Name (First/MI/Last):_____ **Date of Birth:**_____ **Gender:** M F

Address:_____

Preferred Phone:_____ **Email:**_____

Employer:_____ **Marital Status:**_____

How did you hear about us? _____ **Primary/Referring Physician:** _____

*****Please supply your treating therapist with your insurance card(s) and medication list, if applicable.*****

MEDICAL HISTORY

Surgical history: _____

Have you ever had any of the following conditions? Circle all that apply.

High Blood Pressure	Peripheral Neuropathy	Hearing Problems	Bowel/Bladder Problems
Heart Condition	Seizures/Epilepsy	Fainting/Dizziness	Cancer
Stroke	Vision Problems	Emphysema	Arthritis
Osteoporosis	Diabetes	Frequent/Severe Headaches	Asthma
Blood disorder			

Other medical conditions or history? _____

_____

*****MEDICARE ONLY*****

Currently receiving home health services? Y N If yes, estimated date of completion? _____

Falls in the last 12 month? Y N If yes, how many?_____

*****TREATMENT OF MINOR***** *(if applicable):*

I authorize 1on1 Physical Therapy to treat (Minor's Name)_____. I authorize named minor to attend visits unattended by parent/guardian and sign for his/her self at subsequent appointments:

Yes / No _____ (Parent/Guardian signature).

AUTHORIZATION TO RELEASE INFORMATION:

I, _____, authorize 1on1 Physical Therapy to disclose information about my health, account, and/or treatment to (name/address of recepient)_____.

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PHYSICAL THERAPY INTAKE FORM

AUTHORIZATION TO RELEASE INFORMATION: I authorize the release of any medical or other information to the Centers for Medicare and Medicaid Services (CMS), my insurance carrier(s), or other entities necessary to determine insurance benefits or benefits payable for related medical services and/or supplies provided to me by 1on1 Physical Therapy.
HIPAA DISCLOSURE STATEMENT: I acknowledge that I have been informed of the Provider Notice of Practices which is located in the reception area of this facility.
FINANCIAL RESPONSIBILITY: I understand that insurance billing, including Workers Compensation Claims, is a service provided as a courtesy and that I am, at all times, financially responsible to 1on1 Physical Therapy. It is my responsibility to notify Physical Therapy of any changes in my health care coverage. I am responsible for the entire bill or balance of the bill as determined by 1on1 Physical Therapy and/or my health care insurer if the submitted claims or any part of them are denied for payment. I request that payment of my services is made on my behalf to 1on1 Physical Therapy. I understand that 1on1 Physical Therapy may, during the course of treatment, recommend purchase of supply items. Supply items may or may not be covered under my insurance plan. I understand that it is my financial responsibility to pay for any item in full if it is not covered under my insurance plan. I understand that by signing this form, I am accepting financial responsibility as explained above for all payment for medical services and supply items. I also understand that 1on1 Physical Therapy collects for copayments at the time of service. *Checks returned for insufficient fund will be subject to $25 processing fee.*
CANCELLATION POLICY: We require **24 hour notice to cancel an appointment**. The fee for cancellation without proper notification is **$40** per visit. After three (3) missed appointments without proper notification, 1on1 Physical Therapy reserves the right to discharge the patient and/or recommend alternative therapy provider.
CONSENT TO TREATMENT: I consent to and authorize 1on1 Physical Therapy to furnish physical therapy care and treatment considered necessary and proper in evaluating and treating my (or my dependent's) condition.

I understand and agree to the all of the terms stated above.

_____ _____

Patient or Responsible Party (Signature) Date

_____

Patient (Print)

Thank you for choosing 1on1 Physical Therapy and providing us the opportunity to exceed your expectations and assist you in achieving your goals!

Notice of Non-Discrimination Policy: 1on1 Physical Therapy does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment.