Evaluation date:_____ P.T._____

• PATIENT INFORMATION •

Name:_____

Address:_____
(street address) (apt.#) (city) (zip)

Home phone:_____ Work phone:_____ Cell phone:_____

Birth Date:_____ Age:_____ M or F

Social Security#:_____

Insured Social Security#:_____ Insured Birth Date:_____
E-Mail Address:_____

• EMERGENCY INFORMATION •

Spouse or Contact person:_____

Phone#:_____ Relationship:_____

• EMPLOYMENT INFORMATION •

Name of Employer:_____

Job Title:_____

INJURY INFORMATION

Is this injury work related? Yes or No Date of injury: ___/___/___

Is this injury due to car accident? Yes or No Date of accident: ___/___/___

Have you had surgery? Yes or No Surgery Date: ___/___/___

Surgery Type:_____

MEDICAL INFORMATION

Please circle the appropriate response as it currently applies to you

Cardiac condition	Yes No	Joint replacement	Yes No
High Blood Pressure	Yes No	Dizziness	Yes No
Pregnant	Yes No	Headaches	Yes No
Seizures	Yes No	Allergies	Yes No
Diabetes	Yes No	Cancer	Yes No

Napa Valley Physical Therapy Center

OFFICE POLICY

- As a service to you, we will bill up to three different insurance policies for your services.
- We recommend that you contact your insurance company to find out what your co-pay responsibilities are for physical therapy.
- The financial responsibility for your physical therapy services rests with you regardless of insurance difficulties.
- To avoid billing/payment difficulties please notify us immediately of a change in insurance carrier, personal information, diagnosis, etc.
- WE ARE NOT LICENSED TO BILL MEDI-CAL.

MEDICARE PATIENTS

- Medicare has many regulations we must follow regarding your number of visits, progress, and obtaining prescriptions from your Doctor.
- There is a monetary limit on your physical therapy. It is currently $2,080.00 per year.
- **Secondary insurances do not always pick up the balance after Medicare has paid. You may owe a portion.**

MISSED APPOINTMENT POLICY

- Please give our office at least 24 hours notice if you need to cancel an appointment in order to avoid a $45.00 missed appointment fee.

X _____ _____

(Signature of responsible party) (Date)

PATIENT INFORMATION & CONSENT

I have read and fully understand Napa Valley Physical Therapy Center's Notice of Information Practices. I understand that Napa Valley Physical Therapy Center may use or disclose my personal health information for the purposes of carrying out treatment, obtaining payment, evaluating the quality of services provided and any administrative operations related to treatment or payment. I understand that I have the right to restrict how my personal health information is used and disclosed for treatment, payment, and administrative operations if I notify the practice. I also understand that Napa Valley Physical Therapy Center will consider requests for restriction on a case by case basis but does not have to agree to the request.

I hereby consent to the use and disclosure of my personal health information for the purposes as noted in Napa Valley Physical Therapy Center's Notice of Information Practices. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time.

X _____ _____

(Signature) (Date)

Medical Screening Questionnaire

Name:_____ Date:_____

Novel Coronavirus (COVID-19) Guidelines – General Operating Instructions for Visitors

To protect our patients and staff, we are asking all patients to complete the following questionnaire.

Have you in the past 30 days:

1. Traveled to California from one of the affected countries or regions?
    a. YES / NO
2. Been in contact with a novel coronavirus/COVID-19 infected person or anyone under suspicion of infection?
    a. YES / NO
3. Have you been to a healthcare facility (hospital, walk-in clinic, emergency room) where people infected with the novel coronavirus/COVID-19 are treated?
    a. YES / NO
4. Have you had the following symptoms in the last three days: cough, fever at or above 100.4 F, shortness of breath, difficulty breathing?
    a. YES / NO

*If you answered YES to any of the questions listed above please discuss further with your Physical Therapist as we are currently working on implementing a Telehealth option.

Thank you for your understanding.