CHAMPION
PHYSICAL THERAPY & REHAB SERVICES

New Patient Information

Bio:

Full Name: _____
Address: _____ City: _____ State:_____ Zip:_____
Home Phone: _____ Cell Phone: _____
Email: _____ SSN: _____
Date of Birth:_____ Age: _____
Marital Status: _____ Gender: _____

Emergency Contact:

Name: _____
Relationship: _____
Contact Number:_____

Insurance Information:

Primary Insurance: _____ Secondary Insurance:_____
Insured's Name:_____ Insured's Name: _____
DOB:_____ DOB:_____
Group #:_____ Group:_____
ID#:_____ ID #: _____
Employer Name:_____ Employer Name:_____
City: _____ City:_____
State: _____ State:_____
Phone: _____ Phone:_____

Is this a work injury: _____ If so, date of injury_____
Is this from a motor vehicle accident: _____ If so, date of injury_____

OFFICE USE ONLY:

- ☐ Insurance verified
- ☐ Deductible:_____
- ☐ Co-Pay: _____
- ☐ Co-Insurance_____

Referral Information:

Diagnosis:_____
Referring Physician:_____ Phone:_____
Primary Care Physician:_____ Phone:_____
Have you received physical therapy in the past year:_____ If so, describe:_____
_____
Do you currently receive home care services:_____

Please list your Past Medical History/Surgeries:_____
_____
_____

Please list your Current Medications: _____
_____
_____

What specific activities are you having difficulty with?_____
_____

What is the cause?_____
_____

When did it start?_____

What are your goals for therapy?_____
_____

Pain Rating

Best:

0 1 2 3 4 5 6 7 8 9 10

No Pain — Worst Pain Unbearable

Worst:

0 1 2 3 4 5 6 7 8 9 10

No Pain — Worst Pain Unbearable

Authorization/Consent

~ Consent to Evaluate and Treat:

I consent to the rehabilitation with various treatment modes and related services at Champion Physical Therapy and Rehab Services LLC. I acknowledge that no guarantees have been made to me in the entirety of the time as a patient, both with my current diagnosis or a future diagnosis. As a patient, it is my right to decline any part of my treatment at any time.

I indemnify and hold harmless all agents of Champion Physical Therapy and Rehab Services LLC of all liability, losses, claims or damages - except to the extent that any such loss, claim, damage, or liability are finally judicially determined to have resulted from the gross negligence, bad faith, willful misfeasance, or reckless disregard of Champion Physical Therapy and Rehab Services' obligations or duties.

~ Privacy Policy:

Champion Physical Therapy and Rehab Services LLC is committed to upholding the security and confidentiality of personal information that you provide to us. Champion Physical Therapy and Rehab Services does not share or sell patient information with anyone outside the office without written consent. This policy includes personal, financial, or health information. I authorize that my records of evaluation and treatment with this office can be forwarded to referring physicians, specialists, or therapists, who are also involved in my healthcare. Insurance claims will be transmitted through an electronic clearing house, in accordance with HIPAA regulations. I understand that for the protection of the staff and patients at Champion Physical Therapy and Rehab Services LLC, all areas - except the restroom - will be under video surveillance. I have been given a copy of the Privacy Policy of Champions Physical Therapy and Rehab Services LLC.

~ Authorization of Payment:

I understand my insurance benefits in relation to Champion Physical Therapy and Rehab Services LLC. I am financially responsible for all claims not covered by my insurance.

~ Personal Property:

Champion Physical Therapy and Rehab Services LLC is not responsible for any personal property that is brought into the clinic.

~ Cancellation:

Appointment cancellations or changes must occur more than 24 hours before the scheduled appointment. Failure to adhere to this policy will result in a $25 No Show fee.

By signing below I have read, or have had read to me, the above Consent to Evaluate and Treat Statement. I am aware of the Privacy Policy. I certify that my medical information above is correct to the best of my knowledge.

_____ _____

Signature Date

Consent for Minors

~ Consent to Treatment of Minors:

As a parent or guardian of a minor, I authorize Champion Physical Therapy and Rehab Services LLC consent to evaluate and treat the minor named above by a licensed therapist as written above in the *Consent to Evaluate and Treat* section. I will be present for the initial evaluation and I waive any resulting claims if I am not present for the remaining treatments.

_____	_____	_____
Parent/Guardian Signature	Relationship	Date