New Patient Agreement

Name	Date of Birth	Phone

Street Address	City	State	Zip

Social Security Number (optional but helpful)	Email Address

E-Billing Sign Up	How did you find us? (Circle one)
◯ Y ◯ N	◯ Radio ◯ Newspaper ◯ Physician ◯ Word-of-mouth ◯ Facebook ◯ Internet ◯ Other:

What brings you to physical therapy?

Primary Insurance Company	ID #	Group #

COMPLETE THE FOLLOWING ONLY IF APPLICABLE		
Secondary Insurance Company (if applicable)	ID #	Group #
Workers' Comp or MVA? (if applicable)	Insurance Carrier	Case / Claim #
◯ Workers' Comp ◯ MVA		

Claims Mailing Address	City	State	Zip

Case Manager Name	Case Manager Phone	Case Manager Fax

Permission for Evaluation and Treatment: I hereby give permission to the professional staff of the RehabGYM to perform any test(s) and give any treatment(s), deemed appropriate by the professional(s) responsible for my care. I understand that I may contact Sharon Gutwin (owner) at any time if questions or concerns arise.

Team Approach: The RehabGYM integrates the professions of Physical Therapy and Athletic Training in physical rehabilitation, injury prevention, and general wellness. I understand that I may be treated by more than one healthcare provider over the course of care at the discretion of the professional performing the initial evaluation. I understand that there is a high level of communication between the providers of my care, verbal and written, in providing the optimum attention. If I feel most comfortable with one provider, I have the freedom to request that individual for my care. My initial evaluation will be provided by a *Physical Therapist* who is licensed in the state of Vermont to provide care to a broad range of patients and diagnoses or an *Athletic Trainer* who is a Vermont licensed health care provider educated to treat physically active individuals with a focus on musculoskeletal care.

Use and Disclosure of Health Information: I have been shown a copy of the RehabGYM *Uses and Disclosures of Health Information Statement*. I may request a copy if needed. I understand and accept the RehabGYM HIPPA compliant policy.

Potential Benefits, Risks, and Alternatives: I may experience an improvement in my symptoms, such as decreased pain and discomfort, and an increase in my ability to perform daily activities as well as increased strength, awareness, flexibility and endurance in my movements. I understand that I may temporarily experience an increase in my current level of pain or discomfort, and that if it is not temporary or subsides, I agree to contact the RehabGYM health care personnel providing my treatment. I understand that I should gain a greater knowledge of managing my condition and the resources available to me. The potential benefits, risks, and alternative treatment options for my condition and the wide range of services the RehabGYM offers have been explained to me.

Release of Information: I hereby authorize the RehabGYM to release any information necessary in coordination of my care to my insurance company(s), my attending physician(s) and/or case manager(s).

Personal Property Statement: I hereby release the RehabGYM of any responsibility for the loss or theft of any personal items left in any section of the RehabGYM. It is understood that any item may be placed in the hands of a person at reception desk of the RehabGYM for safe keeping.

GYM AND POOL USE: I understand that I am encouraged to use the gym free of charge between my physical therapy or athletic training appointments, and that if I wish to use the pool between appointments, there will be a $10 charge per pool visit.

Patient Initials

PAYMENT AGREEMENT: I permit the RehabGYM to bill my insurance carrier directly and request any payments for service to be made directly to the RehabGYM. I certify the insurance identification information given by me is correct. I understand that I am responsible for and agree to pay **all applicable copays, deductible amounts, and charges not covered by my insurance at the time of treatment.** If my obligations cannot be paid at the time of treatment, I agree to a payment schedule.

I understand it is my responsibility to promptly inform the RehabGYM of all changes to my medical insurance. The RehabGYM reserves the right to bill me directly, and not bill insurances such as Medicaid, if the RehabGYM was not promptly informed of medical insurance changes. It is important to be aware of all policy effective and termination dates and promptly inform the front desk of any changes.

Patient Initials

I understand that I am responsible for payment at the time of treatment.

Emergency Contact Name	Emergency Contact Phone

Patient Signature (Parent/Guardian if under 18)	Witness	Date

bodies in motion THE REHAB GYM stay in motion

Health Questionnaire

Name	DOB	Today's Date	Height	Weight

Medical / Surgical History

Please check all that apply

- ☐ Broken bones/fracture
- ☐ Blood Disorders
- ☐ Heart Problems
- ☐ Thyroid problems
- ☐ Infectious disease
- ☐ Tuberculosis (TB)
- ☐ Ulcers/Stomach problems
- ☐ Depression
- ☐ Parkinson Disease
- ☐ Muscular dystrophy
- ☐ Seizures/Epilepsy
- ☐ High Blood Pressure
- ☐ Lung problems
- ☐ Diabetes
- ☐ Repeated infection
- ☐ Head Injury
- ☐ Presently pregnant
- ☐ Stroke
- ☐ Osteoporosis
- ☐ Circulation/Vascular problems
- ☐ Developmental or growth problems
- ☐ Cancer
- ☐ Kidney problems
- ☐ Hypoglycemia
- ☐ Skin diseases
- ☐ High Cholesterol
- ☐ Other: _____

Within the past year, have you had any of the following?

- ☐ Chest pain
- ☐ Loss of appetite
- ☐ Hoarseness
- ☐ Bowel problems
- ☐ Coordination problems
- ☐ Fever/chills/sweats
- ☐ Hearing problems
- ☐ Joint pain or swelling
- ☐ Difficulty sleeping
- ☐ Cough
- ☐ Difficulty swallowing
- ☐ Dizziness or blackouts
- ☐ Urinary problems
- ☐ Loss of balance
- ☐ Difficulty walking
- ☐ Other: _____
- ☐ Heart palpitations
- ☐ Nausea/vomiting
- ☐ Shortness of breath
- ☐ Weight loss/gain
- ☐ Weakness in arms or legs
- ☐ Headaches
- ☐ Uncorrected vision problems

Have you fallen within the past year? ☐ Yes ☐ No

Please describe and date any recent surgeries or injuries:

Current Daily Activities

Check all that apply

- ☐ Housework
- ☐ Yardwork
- ☐ Hobbies:
- ☐ Employment:
- ☐ Exercise (describe activity/frequency/duration)

Do you feel your diet supports your goals? ☐ Yes ☐ No ☐ Unsure

Are you interested in meeting with one of our registered dietitians, which is billable to most insurance plans? ☐ Yes ☐ No ☐ More Info

Current Conditions

Why are you here today?

Describe the problem(s) for which you seek therapy

When did problem(s) begin?

Injury / other cause?

What makes the problem worse?

What makes the problem better?

What are your goals for therapy?

Are you on any medications? ☐Yes ☐ No

If yes, list medications:

Current Pain Level

Do you have pain? ☐Yes ☐No

Describe the location(s) of your pain:

On a scale of 0 (no pain) to 10 (worst pain), what is the range of your pain?

What is its current intensity?

Pain Quality: ☐Dull ☐Sharp ☐Throbbing ☐Burning ☐Ache ☐Other:

Pain Frequency (check all that apply):

☐Less than daily ☐Daily episodes ☐Increases throughout day ☐Constant ☐Night Pain

☐Other: _____

CANCELLATION/NO SHOW POLICY

Success in rehab depends upon keeping the prescribed number and frequency of visits: consistent attendance results in the most expedient and best outcome. Just as it is important to finish a course of antibiotics for effective treatment, so too is it imperative to finish a full course of rehab treatments. Having pain or other symptoms from rehab could be a normal occurrence in your care, or it could signal something else: this is critical for the PT/AT to assess, and you should not cancel because of symptoms. Likewise, if you become symptom-free and don't feel the need for further therapy, a visit allows the clinician to assess the proper time to discharge from the RehabGYM. Please do not self-discharge.

Additionally, keeping your scheduled appointment shows respect for your clinician's schedule. Clinicians have appointments scheduled back-to-back, and often there is a waiting list of patients who were unable to fit in. If you do not show, or you cancel an appointment too late, this is a whole hour of wasted time for the clinician and a lost opportunity for another patient to be seen.

Therefore, in an effort to keep your care on track, maintain productive schedules at the RehabGYM, and give all patients an opportunity to be seen, **the RehabGYM requires 24-hour notice for the cancellation of all scheduled appointments.**

There is a **$25 fee for a cancellation** without proper notice and a **$50 fee for a "no show"** (i.e., not showing up for an appointment without any communication). **THIS FEE WILL NOT BE COVERED BY YOUR INSURANCE CARRIER.** It is your responsibility and applies to ALL patients.

After two missed appointments or three cancelled appointments, you may either be discharged from therapy or restricted to day-of-only appointment scheduling.

We understand that extenuating circumstances sometimes occur, which is why we have implemented a "one-strike" policy: **we will allow for one cancellation before charging a fee.**

AGREEMENT

I understand the RehabGYM's Cancellation/No Show Policy and my responsibility to plan appointments accordingly. I will notify the RehabGYM if I have difficulty fulfilling my scheduled appointments.

I consent to the above, as indicated by my signature below:

Print Name	*Signature (Parent/Guardian if under 18)*	*Date*

Witness Name	*Witness Signature*	*Date*

physical therapy and athletic training within a specialty gym

Waiver of Liability for GYM Use

I understand and expressly agree that my use of this or any RehabGYM facility involves the risk of injury to me or my guest whether caused by me or not. I understand that these risks can range from minor injuries to major injuries including death. In consideration of my participation in the activities and use of the facilities, exercise equipment, or services offered by the RehabGYM, I understand and voluntarily accept full responsibility on my behalf and on my guest's behalf for the risk of injury or loss arising out of or related to my use or my guest's use of the facilities, exercise equipment, or participation in exercise programs or other services. I further agree that the RehabGYM, its affiliated companies and their respective officers, directors, employees, members, agents and independent contractors (collectively "The RehabGYM, Inc.") will not be liable for any injury; including, without limitation, personal, bodily, or mental injury, disability, death, economic loss, or any damage to me, my spouse or domestic partner, guests, unborn children, heirs, or relatives, resulting from the negligent conduct or omission of the RehabGYM or anyone acting on the RehabGYM's behalf whether related to exercise or not. Accordingly, to the fullest extent permitted by law, I do hereby forever release, waive and discharge the RehabGYM from any and all claims, demands, injuries, damages, actions or causes of action against the RehabGYM.

I further understand and acknowledge that the RehabGYM does not manufacture fitness or other equipment in its facilities, but purchases and/or leases equipment; therefore, the RehabGYM will not be held liable for defective products.

Agreement

I agree to comply with the RehabGYM's membership policies and club rules that may be communicated to me from time to time either in writing, through club signage, or verbally. The RehabGYM may, in its sole discretion, modify the policies and any club rule without notice at any time. The RehabGYM reserves the right to refund the pro-rated cost of unused services and terminate my membership immediately for violation of any membership policy or club rule.

I consent to the above, as indicated by my signature below:

Print Name	*Signature (Parent/guardian if under 18)*	*Date*

Witness Name	*Witness Signature*	*Date*

In case of emergency, please contact	
Name	*Phone*