



New Patient Agreement

Name		DOB		Phone				
		/ /						
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:

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.

<p>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 \$5 charge per pool visit.</p>	<p><i>Patient Initials</i></p>

<p>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.</p> <p>I understand that I am responsible for payment at the time of treatment.</p>	<p><i>Patient Initials</i></p>

Emergency Contact Name		Emergency Contact Phone	
Patient Signature (Parent/Guardian if under 18)		Witness	Date