



Adept Physical Therapy, LLC
2691 S 2000 W
Rexburg, Idaho
Ph: (208) 656-3033

(This Form is to be updated yearly or with any information changes)

PATIENT INFORMATION

Last: _____ First: _____ MI: _____ Sex: M F Date of Birth: ____/____/____

Marital Status: Single Married Widow(er) Divorced Partner

Mailing Address: _____
Street & Apt. No. City State Zip

E-Mail Address: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Occupation _____ Employer: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: (_____) _____ - _____

PATIENT'S REFERRAL and PCP INFORMATION

Please tell us how you heard about us: _____

Referring Provider: _____

Primary Care Provider: _____

GUARANTOR/PARENT INFORMATION

Same as above:

Responsible Party Name: _____ Date of Birth: ____/____/____

Address: _____ Home Phone: (_____) _____ - _____

Employer: _____ Work Phone: (_____) _____ - _____

Relationship to Patient: _____ Cell: (_____) _____ - _____

I/We authorize Adept Physical Therapy, LLC to release all medical information and/or records to my requesting insurance company and/or referring physician.

Signature of Patient/Guardian

Date



Patient Questionnaire (This information is kept confidential)

Name _____ Today's Date _____ Gender _____
Age _____ DOB _____

Physician _____

From whom did you hear about us? _____

History of current condition

Any special tests that have been performed, the body part tested, and the results: (ie: X-ray, MRI, Cat Scan) _____

Have you had any other treatments for your current condition? (ie: PT, Chiropractic, Massage, Acupuncture) Please list practitioners.

What has had a positive effect? _____

What has had a negative effect? _____

Have you been advised to have any surgery that has not been done?

Please list all previous injuries, accidents, and any other pertinent medical information

Please list all medical conditions and/or health concerns



Please list all current medications:

Please list all allergies:

Any previous surgeries? (please note year)



PAYMENT/BILLING POLICIES Adept Physical Therapy is a fee-for-service clinic. This means that payment is due at the time services are rendered and we will Not bill your insurance company. We can, upon request, provide receipts with diagnosis and treatment codes which you may choose to submit to your insurance company. If further reports or documentation are requested, these will be provided. We accept cash, personal checks, and credit cards. Medicare will Not pay for services rendered at Adept Physical Therapy. Medicare does not pay for all of your health care costs. Medicare only pays for covered items and services when Medicare rules are met. The fact that Medicare may not pay for a particular item or service does not mean that you should not receive it. There may be a good reason your doctor, healthcare provider, or fitness professional has recommended it. Right now, in your case, Medicare will not pay for our services as we are not a Participating Provider with Medicare or any other insurance company, and we only agree to work with Medicare clients for fitness, prevention, and wellness goals (which are not covered services under Medicare). You will not be able to submit for reimbursement as our services do not meet the rules set by Medicare regulations. Therefore, any receipts you may request will not include diagnosis codes and other information that Medicare claims usually posses. Signing below means that you have received and understand this notice. You may receive a copy upon request at any time. Given you will be paying at the time of services, if your insurance company reimburses our clinic, these monies will be returned to them and a new check must be cut to you personally. Please clarify prior to your first treatment if you have any questions regarding charges or fees.

PRIVACY POLICY I understand that Adept Physical Therapy will maintain my privacy to the highest standards and 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.

CONSENT TO TREATMENT Adept Physical Therapy is a hands-on Physical Therapy clinic. Though highly specialized, treatment consists primarily of manual therapy techniques and treatment forms that are published or otherwise publicly known. Forms of ultrasound, electrical stimulation, traction, deep tissue massage, therapeutic exercise programs, gait training, neuromuscular re-education, craniosacral therapy, myofascial release, bone and soft tissue manipulation, as well as other treatment modalities may be used. Some of the hands-on treatment techniques require deep pressure which may cause bruising and periods of increased soreness which may last from 1-72 hours. Symptoms may also change and move to other parts of the body. This is not unusual and is rarely a concern, however, please ask if you have any concerns or questions. The number of treatments needed and recovery time can vary due to the age of injury, number of times injured, age of patient and many other contributing factors. I have read and fully understand the above statements. I understand the nature of the treatments at Adept Physical Therapy. I authorize Barrett Gibson PT, DPT and the fully trained staff to use treatment techniques as deemed necessary for my safe and effective recovery. I have read and completely understand the above written statements.

X _____ Date _____

Signature of patient/legal guardian

I also understand that Medicare will not reimburse for services rendered by Adept Physical Therapy

X _____ Date _____