

Personal History and Financial Payment Form

Patient name _____ Date of birth _____ Age _____
Patient address _____ City/State/Zip _____
Home phone # _____ Work phone # _____
Cell phone # _____
Social security # _____ Name of spouse _____
Name of parent (if patient under 18 yrs) _____
Employer name _____ Occupation _____
Employer address _____ City/State/Zip _____

How did you hear about Orthopaedics Plus? _____

Email address:
/ /

Have you received physical therapy at any other facility prior to being seen at this office? YES NO

Date of injury/onset _____ Date of surgery _____

Referring/specialist doctor _____ Primary Care MD _____

Next scheduled MD's appointment _____ Forward medical reports to PCP: YES NO

Briefly, how did injury occur _____ Employment Related? YES NO

Insurance Coverage (Please provide copy of insurance card):

Insurance Company Name: _____
Subscriber's Name: _____ Subscriber's Date of Birth: _____
Subscriber's address (if different than patient): _____

Although we submit insurance claims weekly, please be aware that the balance due is finally your responsibility - including deductibles, co-insurance and/or co-pay amounts. **Co-pays are to be paid at the time of each visit.** Please direct any questions regarding your physical therapy benefits to your insurance company. Accounts 60 days overdue are subject to a \$20 late charge per month.

Please be advised that patients who miss appointments, or cancel with less than 24 hours notice, may be charged a \$30 fee. This fee will NOT be billed to your insurance company; it will be your responsibility, payable at the next visit.

I have read the above statement concerning billing and payment procedures and understand completely the policies of Burlington Physical Therapy PC d/b/a Orthopaedics Plus.

Date

Signature

I authorize the release of any medical information necessary to process this claim. I authorize payment of medical benefits to Orthopaedics Plus for services rendered.

Date

Signature

Burlington Physical Therapy PC, d/b/a Orthopaedics Plus
PATIENT INFORMATION ACKNOWLEDGEMENT FORM

I have read and fully understand Burlington Physical Therapy PC, d/b/a Orthopaedics Plus's Notice of Information Practices. I understand that Burlington Physical Therapy PC, d/b/a Orthopaedics Plus 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 Burlington Physical Therapy PC, d/b/a Orthopaedics Plus will consider requests for restriction on a case by case basis, but does not have to agree to requests for restrictions.

I hereby consent to the use and disclosure of my personal health information for purposes as noted in Burlington Physical Therapy PC, d/b/a Orthopaedics Plus'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.

Patient Name

Signature

Date

I also authorize Burlington Physical Therapy PC, d/b/a Orthopaedics Plus to use my protected health information for targeted marketing such as patient surveys, fund raising for charitable events that they may sponsor, and/or solicitation of participation in research studies. I understand I have the right to copy or inspect any information used for these purposes. I also understand this authorization does not affect my consent to use my protected health information for treatment, billing, or operations related to treatment and billing.

Patient Name

Signature

Date

HISTORY OF INJURY

Name: _____

1. How did your present injury occur? _____

2. When did your present injury occur (date)? _____

3. On a scale of 1 to 10 (10 being emergency room pain) how painful is it (circle):

Today? 0 1 2 3 4 5 6 7 8 9 10

At its best? 0 1 2 3 4 5 6 7 8 9 10

At its worst? 0 1 2 3 4 5 6 7 8 9 10

4. Describe your symptoms (ie: achy, sharp, numbness, tingling...): _____

5. What activities or positions do you have difficulty with, avoid or are unable to do because of your present condition? _____

6. What, if anything, eases your symptoms? _____

7. Are your symptoms worse in the morning or at night? _____

8. Once you start moving about, do your symptoms (circle): Worsen Ease Stay the same

9. Do your symptoms awaken you from sleep? Yes No

10. Are your symptoms increasing in frequency? Yes No

11. Are your symptoms increasing in severity? Yes No

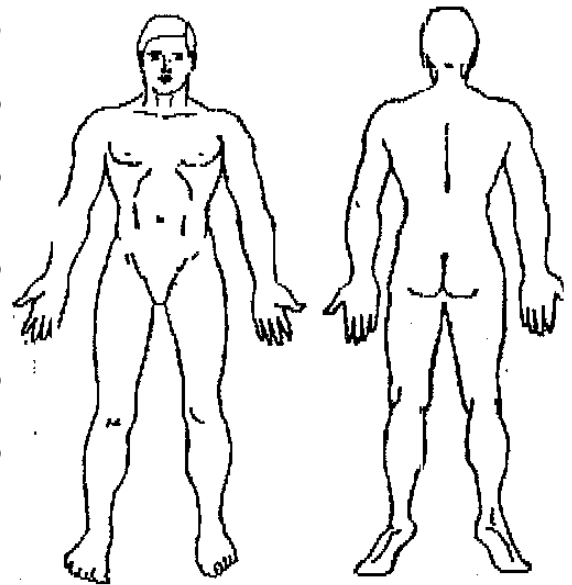
12. Does coughing/sneezing affect your symptoms? Yes No

If Yes, how so? _____

13. Do you have any recent bowel / bladder problems? Yes No

14. Have you had this type of injury before? Yes No

15. Please mark where your symptoms are on the diagram →



MEDICAL HISTORY

1. Do you have or have you ever had any of the following: (please circle)

High blood pressure?	Yes	No	Diabetes/low blood sugar?	Yes	No
High cholesterol?	Yes	No	History of cancer?	Yes	No
Heart disease?	Yes	No	Osteoporosis?	Yes	No
Shortness of breath?	Yes	No	Stroke?	Yes	No
Epilepsy/fainting?	Yes	No	Fractures?	Yes	No
Lung disease?	Yes	No	Impaired vision?	Yes	No
Asthma/hay fever?	Yes	No	Impaired hearing?	Yes	No
Recent weight loss/gain?	Yes	No	Are you pregnant?	Yes	No
Thyroid condition?	Yes	No	Drug allergies?	Yes*	No

* Drug Allergies: If yes, **please** list: _____

2. Have you ever been treated here before? Yes No

3. Have you seen anyone else for your current problems? Yes No Please list: _____

4. Please list all medications: _____

5. Please list all surgeries and approximate dates: _____

6. Please list all prior injuries and approximate dates: _____

7. Please indicate all diagnostic tests for this problem: _____

8. Have you in the past, or currently, used cigarettes, alcohol, or other substances? Yes No
If yes, please briefly explain: _____

**Please inform your physical therapist of any changes in your medical condition.
Thank you.**

Signature: _____ Date: _____

Burlington Physical Therapy PC, d/b/a Orthopaedics Plus

NOTICE OF PATIENT INFORMATION PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO INFORMATION. PLEASE REVIEW IT CAREFULLY.

Burlington Physical Therapy PC, d/b/a Orthopaedics Plus's LEGAL DUTY

Burlington Physical Therapy PC, d/b/a Orthopaedics Plus is required by law to protect the privacy of your personal health information, provide this notice about our information practices and follow the information practices that are described herein.

USES AND DISCLOSURES OF HEALTH INFORMATION

Burlington Physical Therapy PC, d/b/a Orthopaedics Plus uses your personal health information primarily for treatment; obtaining payment for treatment; conducting internal administrative activities and evaluating the quality of care that we provide. For example, Burlington Physical Therapy PC, d/b/a Orthopaedics Plus may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits that could be of interest to you. Burlington Physical Therapy PC, d/b/a Orthopaedics Plus, also provides offsite Athletic Training services for high school, or amateur events and keeps that personal health information at the school or event.

Burlington Physical Therapy PC, d/b/a Orthopaedics Plus may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, for research studies and for emergencies. We also provide information when required by law.

In any other situation, Burlington Physical Therapy PC, d/b/a Orthopaedics Plus's policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

Burlington Physical Therapy PC, d/b/a Orthopaedics Plus may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in the waiting room and patient exam areas and will be provided to you on your next visit. You may also request an updated copy of our Notice of Information Practices at any time.

PATIENT'S INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or other related administrative purposes.

You may also request in writing that we not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. Burlington Physical Therapy PC, d/b/a Orthopaedics Plus will consider all such requests on a case-by-case basis, but the practice is not legally required to accept them.

CLINIC DESIGN

The physical clinic space at Burlington Physical Therapy PC d/b/a Orthopaedics Plus utilizes curtained treatment cubicles and an open gym area. Every effort will be made by the professional and clerical staff of Burlington Physical Therapy PC d/b/a Orthopaedics Plus to protect your personal health information, but there may be times when other patients or someone other than the professional and clerical staff of Burlington Physical Therapy PC d/b/a Orthopaedics Plus, may hear or see your information.

Also, it should be noted that as you fill out the required paperwork in our waiting room, that the possibility exists that someone other than the professional and clerical staff of Burlington Physical Therapy PC d/b/a Orthopaedics Plus, could look at your paperwork while you are completing it. Again, every effort by the professional and clerical staff of Burlington Physical Therapy PC d/b/a Orthopaedics Plus will be made to avoid this from occurring.

CONCERNS AND COMPLAINTS

If you are concerned that Burlington Physical Therapy PC, d/b/a Orthopaedics Plus may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our practice manager at the address listed below. You may also send a written complaint to the US Department of Health and Human Services. For further information on

Burlington Physical Therapy PC, d/b/a Orthopaedics Plus's health information practices or if you have a complaint, please contact the following person:

Burlington Physical Therapy PC, d/b/a Orthopaedics Plus
Alan L. Visnick PT, OMT, LAT, C
101 Cambridge Street, Burlington, MA 01803

Telephone: 781 229-8011 Fax: 781 229-8374