

HOWARD COUNTY PHYSICAL THERAPY

Patient Demographic Sheet



Date: _____

Patient Name: _____

Gender: Female / Male

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Date of Birth: _____ Age: _____ Soc.Sec.#: _____

Employment Status: Full-Time / Part-Time / Retired / Student / Self-Employed / Disabled

Occupation: _____ Employer: _____

Employer Address: _____

Marital Status: Single / Married / Separate / Divorced / Widowed

Spouse's Name (or Parent's Name if Minor): _____

Spouse/Parent Employed By: _____ Work Phone #: _____

In case of emergency, please contact:

Name: _____ Phone #: _____ Relationship: _____

Who referred you to this facility? (Circle One): Self Physician Friend Other: _____

Referring Physician: _____ Phone: _____

Primary Care Physician: _____ Phone: _____

Describe reason for visit: _____

Date of Onset/Symptoms/Surgery: _____

Tests or Procedures Performed (X-Rays, EMG, CT Scan, ETC.): _____

CONTINUED ON BACK

Previous Treatment:

Previous Physical Therapy Services? Yes / No

Previous Chiropractic Services? Yes / No

Previous Speech Therapy Services? Yes / No

Home care services? Yes / No

What body area was treated? _____ When? _____

Where was treatment rendered? _____

Insurance Information

Health Insurance (Primary – Insurance Filed First):

Company Name: _____ Policy #: _____ Group #: _____

Policy Holder Name: _____ DOB: _____

Relation to patient: Self Spouse Parent

Health Insurance (Secondary – Insurance Filed Second):

Company Name: _____ Policy #: _____ Group #: _____

Policy Holder Name: _____ DOB: _____

Relation to patient: Self Spouse Parent

Is this the result of an auto accident: Yes / No Worker’s Compensation: Yes / No

Other Accident: Yes / No

If other, please explain: _____

Date of accident: _____

If work accident, name of employer: _____

Employer’s Address: _____

If auto accident, name of car owner: _____

Insurance Company: _____ Claim Number: _____

Address: _____ City, State, Zip: _____

Claim Adjuster: _____ Phone Number: _____

Attorney: _____ Phone Number: _____

Address: _____ City, State, Zip: _____

Have you submitted any claims to PIP, including lost wages Yes / No

Dollar Amount of PIP Available**: _____

****IF YOU DO NOT KNOW THE AMOUNT OF PIP AVAILABLE, PLEASE CONTACT YOUR INSURANCE COMPANY****

Consent and Assignment

PATIENT NAME: _____

I give my consent to allow Howard County Physical Therapy & Sports Rehabilitation (HCPT) to evaluate and, if necessary, to treat me. _____ (initial)

I hereby authorize any physician, hospital, or medical care facility to provide all information on my medical history and treatment to HCPT. I hereby authorize photocopies of this form to be as valid as the original. I authorize the electronic submission of my claims and the release of any medical information necessary to process this claim. I also request payment of government benefits either to myself or to party who accepts assignment. I authorize payment of medical benefits to HCPT for services provided. _____ (initial)

I hereby acknowledge receipt of the HCPT Notice of Privacy Practices as they relate to the Health Insurance Portability and Accountability Omnibus Final Rule 2013 (HIPAA). _____ (initial)

I recognize that it is my responsibility to know and understand my insurance benefits and to follow the guidelines as required by my insurance. I recognize that I am financially responsible for all charges for all medical care and services rendered by HCPT and/or by its staff. All claims are subject to review by my insurance carrier. I am responsible for all charges deemed non-covered and/or not medically necessary by my insurance carrier. I am aware that amounts owed for my deductible, co-pays and/or coinsurance will be collected at the time of service.

Date Patient's/Guardian's Signature [seal] Witness Rev. 9/2/2016

SPECIALTY PROGRAMS

Balance and Fall Prevention

Our program focuses on improving wellness and providing intervention for individuals with balance or coordination issues that affect their daily activities and put them at increased risk for falls. The balance program is done in a circuit-based group setting tailored to meet the individual needs of each patient.

Vertigo and Vestibular Disorders Rehabilitation

Vertigo and other vestibular symptoms can be reduced or eliminated with specialized treatments, such as the Epley maneuver and other symptom specific exercises.

Hand Therapy / Custom Splinting

Our certified hand therapist specializes in the treatment of advanced upper extremity injuries and fabrication of custom splints.

Custom Orthotics

Our custom orthotics, for athletic or casual use, are designed to correct foot dysfunction and reduce pain, while providing support and comfort.

Sports Rehabilitation and Performance Training

Preventing injuries and enhancing sports performance for athletes of all ages and competition levels is the focus of this program. Athletes work with Physical Therapists and Athletic Trainers to address their goals for returning to competition.

Adult Conditioning

The Adult Conditioning Program is designed to address the needs of individuals who wish to begin or continue with an exercise program post-rehabilitation. Our rehabilitation team will design an individualized training program for adults based on current and desired fitness levels.

C.A.R.E. of Maryland

(Cancer And Rehabilitative Exercise)

Cancer treatments can have a major impact on a person's physical condition and function. Our C.A.R.E. program takes into account a patient's diagnosis, current medical treatment plan and fitness level to develop an exercise/fitness routine to improve quality of life and activity level.

Post Rehabilitation Exercise Program - PREP

Exercise is an important component of a balanced, healthy lifestyle at every age and activity level. To help our patients maintain this lifestyle, our PREP program allows patients to continue an exercise program once discharged from physical therapy. PREP is an in-house, personalized exercise regimen designed by a Physical Therapist and tailored to meet our patients' specific fitness goals and medical needs. PREP is open to current and former patients, and provides supervision and feedback on exercise progression in a familiar and comfortable setting.

Pregnancy

Expectant mothers can experience painful symptoms as their bodies change during and after pregnancy. Our program is designed to reduce and/or relieve these symptoms through hands-on treatment, patient education, and specialized exercise programs.

Kinesio Taping

A rehabilitative taping technique that is used to re-educate the neuromuscular system, reduce pain, optimize performance, prevent injury, and promote improved circulation and healing. It is used as an adjunct to the physical therapy services provided, and has been successful in helping patients return to their full level of function.