



Moscow Mountain Sport & Physical Therapy

PATIENT INFORMATION:

Today's Date _____

Name _____ Date of Birth _____ Age _____
Last First MI

Sex: Male Female Marital Status: Single Married/Partner Email: _____

Mailing Address _____ City _____ State _____

Permanent Address (if different from current address) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employer _____ Occupation _____ Student Retired

Responsible Party (if different from patient):

Name: _____ (Parent Name)

Address: _____ Phone #: _____

PHYSICIAN INFORMATION:

Referring Physician _____ Primary Physician _____

ACCIDENT INFORMATION: Type: Work Auto Sport Other

Date of Injury: _____ Claim # _____ Place of Injury: _____

Brief Description of Injury: _____

INSURANCE INFORMATION: (If you have your insurance card we can copy and you do not need to fill this part out).

Primary Ins. _____ Subscriber Name _____

Date of Birth _____ Policy # _____ Group # _____

Secondary Ins. _____ Subscriber Name _____

Date of Birth _____ Policy # _____ Group # _____

*****No Insurance: Pay at time of service unless prior arrangements made.**



MEDICAL HISTORY

What are your main complaints or concerns (what brought you to therapy)?

Please give us specific examples of how this has affected your ability to do the things you need or like to do

What is your main goal or objective in coming to therapy?

If any, what other treatment has been tried for this problem (medications, chiropractic, ice...)?

When did your symptoms begin? (as close to the actual date as possible)_____.

Pain Scale (circle the one which most reflects your pain today):

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10
 No pain Severe pain

How would you rate your overall health (circle one): Excellent good fair poor very poor

How did you hear about MMSPT? Physician Phone Book Internet Friend Other _____

Past Medical History: Please mark any you *have* or *have had*

Cancer: <i>please list</i>	Diabetes
Surgeries: <i>please list</i>	Head Injury
Heart problems:	Seizures
Do you have a pacemaker? Yes No	Stroke
Arthritis:	Lung problems
Tape or latex allergies Yes No Any other allergies?	High blood pressure
Vascular problems:	Depression
Hospitalizations: <i>please list</i>	Thyroid problems
Other:	Kidney problems

Medications or supplements you are currently taking _____

Other information you think would be helpful for us to know _____



**Moscow Mountain Sport & Physical Therapy
Consent To Evaluate and Treat**

Initials

_____ I authorize Moscow Mountain Sport and Physical Therapy to bill me directly for any co-payments or deductibles due to me as stated in my insurance agreement. I also agree to pay for any and all charged that are NOT covered by my insurance plan.

_____ I authorize Moscow Mountain Sport and Physical Therapy to release all pertinent medical information/records requested by my insurance company(s). I authorize payment of medical benefits to be paid directly to Moscow Mountain Sport & Physical Therapy. I also give consent that Moscow Mountain Sport and Physical Therapy may send any reports to my primary and/or referring physician(s).

_____ I authorize Moscow Mountain Sport and Physical Therapy to bill me \$30.00 above and beyond the charges for services rendered, for any and all returned checks.

_____ I have been provided with, or given the opportunity to receive a copy of the Moscow Mountain Sport and Physical Therapy HIPPA policy.

Patient Name (please print) _____ Date

Patient Signature (If under 18 - Legal Guardian Signature)

*****NOTE:**

Although it is not the responsibility of Moscow Mountain Sport and Physical Therapy to know your insurance benefits, we are willing to help you find out your therapy benefits if you need assistance.

Patients are expected to know their co-pay/deductible amounts as described in their health insurance benefit booklets.

All co-pays are due at the time of service. Thank You