Joint Effort Physical Therapy

Name: First		Middle	Last		Date:	
1 1150			Lust			
Home Address:						
Home Phone #: Cell Phone #: Occupation:				Birth date:	Yes Age:	
Employer: Employer Addre Work Phone #	ess:					
Did your injury If yes, on what d		ry occur?	No Did you re	port the accident to your emp	bloyer? Yes	No
In case of medical emergency, who may we contact? Relationship Telephone # Cell #						
Medical History/Conditions Circle all that apply						
Lung Disease Diabetes Mellitu Rheumatoid Arth HIV Please list any/al	ıs hritis	Heart Disease/Hear High Blood Pressur Osteoarthritis History of blood clo	t Attack re ots	Kidney Disease Asthma Osteoporosis Stroke/TIA		
Please list medications you are currently taking:						
Please fill out questions number 1 to 7 below only if your primary healthcare insurance is Medicare						
1. Do you use a: cane moto		apply) walker, rolling wa ir crute	alker ches	manual wheelcha	nir	
alone		eck all that apply) spouse/significant group setting	t other	child/children other		
3. Where do you live?						
4. Have you had physical therapy in the past year? And if so for what diagnosis?						
 5. Have you been discharged from a hospital and/or nursing home facility in the last 30 days? yes (see below) no 6. If you answered yes, what was the name of the facility/facilities and the date you were discharged from each? 						
7. At the present	time, would ye	ou say your health is?	excell	ent very good	fair	poor

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What brings you in for physical therapy today? Location of pain or injury							
Cause of pair of injury							
Date injured or noticed the pain							
Your primary care physician Are you allergic to latex? Yes No Do you have any other allergies? Have you had any physical therapy this calendar year? Yes No No							
	If you are experiencing pain, please indicate the location of the pain on the body diagram with an " X " If you are experiencing numbness, please indicate the location of the numbness on the body diagram with an " O " What is your pain level: • At best/10 • At worst/10 • On average/10 Describe the activities that provoke your pain: Describe the activities that alleviate your pain:						

I hereby authorize the therapists at Joint Effort Physical Therapy to perform the treatments or procedures approved by my referring physician. I acknowledge that no guarantees, either expressed or implied, have been made to me regarding the outcome of any treatments and/or procedures. I fully understand that it is impossible to make any guarantees regarding the outcome of any medical treatment or procedure. I give my permission to release any medical records to my insurance carrier(s) to secure payment for physical therapy services rendered. I acknowledge receipt of Joint Effort Physical Therapy Notice of Privacy Policy. I acknowledge that I have reviewed the attendance policy.

Signature: Date:

Joint Effort Physical Therapy is owned by Saperia Orthopaedics & Sports Medicine.