



NEW PATIENT INTRODUCTORY PAPERWORK

Name: _____ Date of Birth: _____ Nickname: _____

Mailing Address: _____

Street Address: (If different than above) _____

Home Phone: _____ Cell Phone: _____

What phone number is the best for contacting you? HOME / CELL / OTHER:

Email Address:

Emergency Contact Name:

Relationship:

Phone #:

Social Security #:

Referring Physician:

Insurance Type:

Subscriber: (If not patient include SSN and DOB)

Please identify anyone you would like to authorize to have access to your information, including medical records and billing regarding PT/OT. Please include their name and relationship to you.

What are your goals for physical therapy?

Do you have any additional information you would like the therapist to know regarding your visit?

Signature: _____

Date: _____

BILTMORE

P: 828-412-5330 F: 828-412-5329

BLACK MOUNTAIN

P: 828-357-9050 F: 828-357-9051

CANTON

P: 828-492-1480 F: 828-492-1481

ENKA-CANDLER

P: 828-633-6287 F: 828-633-6288

FAIRVIEW

P: 828-338-0707 F: 828-338-0708

N. ASHEVILLE

P: 828-785-1412 F: 828-785-1413

WAYNESVILLE

P: 828-246-6566 F: 828-246-6567

WEAVERVILLE

P: 828-484-9415 F: 828-484-9478

MEDICAL SCREENING FORM

Name: _____ DOB/AGE: _____ Gender: _____

Current Issue: _____ Date of Injury: _____

Recent Surgery: _____ Date of Surgery: _____

Are you currently: student working not working Occupation: _____
 retired other: _____

Sports: _____ School: _____ Grade: _____

Housing: house apartment condo mobile home other: _____

Do you have stairs? yes no A railing? yes no Steep lot? yes no

Please rate your general health: excellent good fair poor

Any allergies? yes no Please Explain: _____

Past surgeries/injuries/hospitalizations: _____

Have you Ever been diagnosed with any of the following conditions? (check all that apply)

cancer rheumatoid arthritis diabetes other arthritis high blood pressure

depression heart problems tuberculosis stroke bone/joint infection

HIV hepatitis asthma COPD chemical dependency seizures

blood clots other: _____

Please check any that apply to you: Latex Sensitive Smoker Pacemaker Pregnant

Osteoporosis Pins or Metal

Any significant family medical history?

MEDICAL SCREENING FORM

MEDICATION: (Provide copy of list if possible)

REASON:

DOSAGE:

CURRENT SYMPTOMS:

WHEN STARTED:

HOW STARTED:

Any imaging performed?

Have you had similar issues previous to this?

Any previous treatment for the current issue?

Using the 0 to 10 scale, with 0 being "no pain" and 10 the "worst pain imaginable" describe:

Your current level of pain while completing this survey: 1 2 3 4 5 6 7 8 9 10

Circle your **best** pain level during the past 24 hours: 1 2 3 4 5 6 7 8 9 10

Circle your **worst** pain level during the past 24 hours: 1 2 3 4 5 6 7 8 9 10

What makes it worse?

What makes it better?

Signature: _____

Date: _____



PATIENT CONSENT FORM

PRIVACY PRACTICES:

SEPT Physical Therapy cares about your privacy. SEPT Physical Therapy is committed to protecting your medical information. We do create a record of your treatment to provide you with outstanding care and compliance with legal documentation. We may utilize this information to provide you with your medical care, or to disclose to bill and receive payment for the services we render; or for the pre-authorization needed for your services. We may release information requested by your workers compensation (wc) carrier, wc nurse, or wc claim adjuster, as well as in response to any court order, subpoena, warrant, summons or similar process. We may also use this information to contact you with appointment reminders or to tell you about possible alternative treatment options that may be of interest to you. You also have the right to inspect and/or receive your medical information that may be released to above mentioned parties. A written request is required to release your information to yourself or anyone you have authorized. A fee may be incurred for the information requested. Anyone listed as a responsible party on your paperwork is able to request your information. You have a right to submit a written restriction or limitation on your account on information that is disclosed. In this request you must list what information is limited and to whom it is to apply. If you believe your privacy has been violated please contact our Operations Director at 828-274-2188. We will try to accommodate all reasonable requests.

**Patient Signature
or Legal Representative**

Patient Printed Name

Date

TO BE SIGNED IF PATIENT IS UNDER 18 YEARS OF AGE:

We encourage parent involvement in treatment; however, please sign below if the patient is under the age of 18 and you give consent for SEPT Physical Therapy to treat your child in the absence of a parent/guardian.

Parent/Guardian Signature

Date



MISSED APPOINTMENT POLICY & APPOINTMENT REMINDERS

SEPT Physical Therapy is committed to your well-being and recovery. Your adherence to the plan established by your therapist is vital to your treatment. Non-adherence to your physical therapy plan may result in delayed recovery.

Patient Name: _____ Date of Birth: _____

24-Hour Notice of a cancelled appointment allows us the opportunity to offer that time slot to another patient who may be in need of treatment. For this reason we have implemented the following Missed Appointment Policy:

1. We require 24-hour notice for any appointment cancellations (we understand there may be times when this is not possible due to unforeseen circumstances, but please provide 24-hour notice whenever feasible).
2. A total of 3 cancellations or 2 no-shows without 24-hour notice may result in discontinued treatment.
3. We reserve the right to notify your physician of any non-compliance issue regarding your attendance.

Please select how you would like to be reminded of your upcoming appointments:

- Text
- Phone Call
- Email

Please sign and date below indicating you have read, understand, and agree to the Missed Appointment Policy, and that you agree to receive appointment reminders via the method you have selected.

Patient/Guarantor Signature	Date
Employee Signature	Date

Serving Western North Carolina since 1999.

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