

Body 360 PT and Wellness
Izabela Beach P.T., PLLC
43 South Street, Manorville, NY 11949 Tel: 631.569.9411

New Client Screen Form

Name _____ D.O.B _____

Address _____ City _____ Zip _____

Home # _____ Work # _____ Cell # _____

Email _____

Emergency Contact _____

Relationship _____ Phone # _____

Primary Doctor _____ Phone # _____

Referral Doctor _____ Phone # _____

MEDICAL HISTORY QUESTIONNAIRE

Name _____

DOB _____ Date _____

Past Medical History

- Cardiac:**
- High Blood Pressure
 - Congestive Heart Failure
 - Heart Murmur
 - Other _____

- Respiratory:**
- Asthma
 - COPD
 - Other _____

- Digestive:**
- Gastroesophageal Reflux
 - Peptic Ulcer Disease
 - Liver Disease
 - Hemorrhoids
 - Colitis
 - Other _____

- Urinary:**
- Prostate Enlargement
 - Kidney Stones
 - Urinary Infections
 - Kidney Failure
 - Other _____

- Endocrine:**
- Diabetes
 - Hyperthyroidism or Hypothyroidism
 - Osteoporosis/ Osteopenia
 - Steroids
 - Other _____

- Hematologic:**
- Anemia
 - HIV/AIDS
 - Cancer (type) _____
 - Other _____

- Neurologic:**
- Headaches
 - Stroke
 - Seizures
 - Other _____

- Vision:**
- Glaucoma
 - Macular Degeneration
 - Cataracts
 - Other _____

- Psychiatric:**
- Depression
 - Anxiety
 - Eating Disorder
 - Other _____

- Muscular:**
- Back Pain
 - Arthritis
 - Rheumatoid Arthritis
 - Other _____

Are you currently pregnant? Yes No

Have you ever had, or do you now have, a head injury or concussion? Yes (date) _____ No

Allergies

- Latex
- Lotions, oils, etc.
- Other _____

Surgical History (please list with dates)

Any metal or screws implanted? Yes No

Social History

Do you smoke? Yes No

If so, how much? _____

Do you drink alcohol? Yes No

If so, how much? _____

Who do you live with? _____

How many stairs are in your home? _____

Any assistive devices in your home?

- Grab bar in shower
- Grab bar near toilet
- Dual hand rail for stairs
- Other _____
- Tub bench
- Hospital bed

Describe your job. _____

In this job did you use machines, tools, or equipment? Yes No

In this job, how many total minutes each day did you do each of the tasks listed:

Task	Minutes	Task	Minutes	Task	Minutes
Walk		Stoop over		Handle large objects	
Stand		Kneel		Write, type, or handle small objects	
Sit		Crouch		Reach	
Climb		Crawl			

Lifting and carrying (explain what you lifted, how far you carried it, and how often you did this in your job.) _____

Circle weight frequently lifted?

Less than 10 lbs 10 lbs 25 lbs 50 lbs 100 lbs or more

Circle heaviest weight lifted?

Less than 10 lbs 10 lbs 25 lbs 50 lbs 100 lbs or more

Notice of Privacy Practices Acknowledgment

By my signature below, I hereby acknowledge receipt of this Notice of Privacy Practices, and I acknowledge that Body360 PT and Wellness will use and disclose my health information for purposes of treating me, obtaining payment for services rendered to me, and conducting health care operations.

I understand that I may request in writing that Body360 PT and Wellness restricts how my private information is used or disclosed. I also understand that in providing treatment, submitting bill-ing, and conducting healthcare operations, Body360 PT and Wellness has my permission to disclose my protected health information to the following:

_____	Primary Care / Family Doctor
_____	_____ (relationship to me)
_____	_____ (relationship to me)
_____	_____ (relationship to me)
_____	_____
Print Patient's Name	Signature of Patient or Parent / Guardian

Patient Authorization and Guarantee

RELEASE OF INFORMATION

I hereby authorize the release of any information by telephone or in writing, including reports of diagnosis, treatment, prognosis, recommendation, benefits payable, as well as any other data pertinent to my treatment, by Body360 PT and Wellness to my physician(s), as well as any organization responsible for payment of my account, and any legal representative invoiced in my litigation. I also authorize the release of any information by telephone or in writing for utilization and quality review purposes.

OUT OF NETWORK INSURANCE POLICIES

Izabela Beach does not bill insurance companies directly. The patient is expected to pay for therapy sessions and then may apply to their insurance company for reimbursement. Therapy sessions are typically a full hour (more or less as necessary) rather than allocating time for dealing with insurance companies. Receipts are provided using typical physical therapy insurance codes. If you have out of network insurance coverage for outpatient physical therapy, you should be eligible for reimbursement at their standard outpatient rate. Izabela Beach is not an in-network provider, and therefore your reimbursement will most likely be at the insurance company's out of network rate. Please be advised that in the event of a missed, cancellation less than 24-hours prior to scheduled appointment or no-show appointment, there will be a full charge of the session.

CONSENT OF TREATMENT

I hereby consent to such treatment procedures and patient care which, in the judgment of my therapist and/or physician, may be considered necessary or advisable while I am a patient of Body360 PT and Wellness.

HIPAA PRIVACY

I hereby certify that I read and understood the HIPAA privacy statement. I acknowledge I was given an opportunity to receive a copy of the privacy statement at this time or any time in the future.

I, _____ by signing this document, acknowledge my consent to the above.

Signature: _____

Date: _____