North Harbor PHYSICAL THERAPY

PATIENT INTAKE FORM

PATIENT INFORMATION

NAME_____ DOB_____ EMAIL _____

ADDRESS_____ CITY_____ STATE_____ ZIP_____

CELL PHONE_____ HOME PHONE_____ WORK PHONE_____

OK TO LEAVE MESSAGE (CHECK ALL THAT APPLY): CELL PHONE ☐ HOME PHONE ☐ WORK PHONE ☐ E-mail Preferred ☐

SOCIAL SECURITY _____

OCCUPATION_____ EMPLOYER_____ _____

EMERGENCY CONTACT PHONE_____ NAME AND RELATIONSHIP_____

DO YOU HAVE A PACE MAKER? Yes☐ No☐

DO YOU HAVE AN INTERNAL BRAIN OR SPINAL STIMULATOR? Yes☐ No☐

INSURANCE INFORMATION

Primary Insurance_____

Member ID_____ Group #_____

Co-Pay_____ Co-Ins._____

Sponsor's Name & Relationship_____

Sponsors DOB & SSN_____

Secondary Insurance_____

Member ID_____ Group #_____

Sponsor's Name & Relationship_____

Sponsors DOB & SSN_____

Labor & Industries

Claim#_____ Claim Manager_____

Phone_____ Previous PT Visits_____

Employer_____ Supervisor_____

Occupation_____

Address_____

_____

Phone Number_____ Injury Date_____

Referring Physician_____

Auto MVA

Claim#_____ Claim Manager_____

Phone_____ Previous PT Visits_____

Insurance_____ Date of Injury_____

THE ABOVE INFORMATION IS CORRECT, AND I UNDERSTAND THAT I AM ULTIMATELY RESPONSIBLE FOR FULL PAYMENT OF SERVICE RENDERED

SIGNATURE: _____

DATE: _____

North Harbor PHYSICAL THERAPY

PRIVACY NOTICE

I give the individuals listed below written authorization to access my medical records, schedule, and billing information.
(Example: Spouse, partner, child, sibling, relative, attorney, care giver, wheel chair technician.)

Name & Relation_____

Name & Relation_____

Name & Relation_____

Name & Relation_____

Name & Relation_____

Name & Relation_____

I understand and have received a copy of the privacy notice. This notice describes how information about me may be used, disclosed, and accessed
.

Printed Name_____Date_____

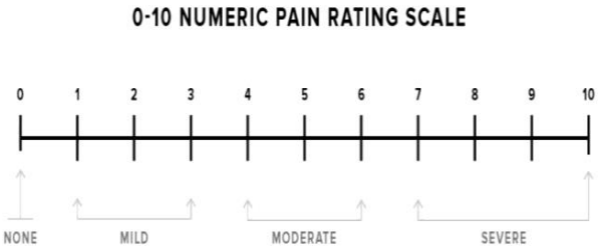
Signature_____

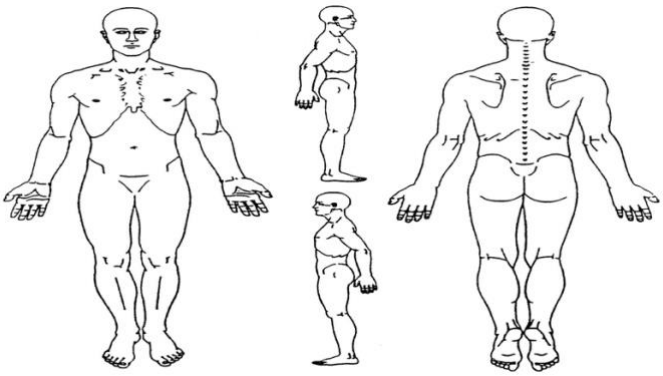
North Harbor PHYSICAL THERAPY

MEDICAL QUESTIONNAIRE

PATIENT NAME:_____DOB_____ HEIGHT_____ WEIGHT_____

PLEASE SHADE YOUR AREAS OF PAIN INDICATE YOUR PAIN LEVELS (*after printing forms)*





☐ Anemia	☐ Cancer	☐ Hepatitis	☐ Osteoarthritis	☐ Tuberculosis
☐ Arthritis	☐ Chest Pain	☐ HIV+/AIDS	☐ Osteopenia	☐ Use of Tobacco
☐ Asthma	☐ Diabetes	☐ High Blood Pressure	☐ Osteoporosis	☐ Orthotics
☐ Back Pain	☐ Dizziness	☐ Joint Replacement/Pins	☐ Pacemaker	
☐ Blood Clots	☐ Epilepsy	☐ Lung Disease	☐ Reaction to Chemicals	
☐ Bladder Trouble	☐ Headaches	☐ Major Illness/Accident	☐ Seizures	
☐ Broken Bones	☐ Heart Condition	☐ Numbness/Tingling	☐ Stroke	

Women: Are you currently or possibly pregnant? Yes☐ No ☐

Please list any medications you are currently taking (*If attached please print see attached)*

_____

_____

Do you have any known allergies? Yes ☐ No ☐(*If yes please list)*

_____

_____

Have you ever been hospitalized or had surgery Yes ☐ No☐ (*If yes please explain*)

_____

_____

Do you have any other medical conditions we should know about Yes ☐No☐ (*If yes please explain*)

_____

North Harbor PHYSICAL THERAPY

CONSENT FOR TREATMENT & PAYMENT

I, the undersigned, hereby request evaluation and treatment by North Harbor Physical Therapy and consent to care and treatment as ordered by my physician(s). I authorize release of my information, with regards to my therapy treatment, to my physician(s).

I hereby authorize my health insurance company to make payment directly to North Harbor Physical Therapy, LLC for any benefit I may receive. I realize that this may not represent full payment of services rendered, and that I will be responsible for the balance due within 90 days (except L&I patients). I authorize the release of any information necessary to process my claim and facilitate payment of my account by a third party.

(A rebilling fee of 1.5% or 10.00 will be charged to accounts 60 days past due if monthly payments are not received).

Printed name of patient

_____

Signature of patient (or guardian if patient is a minor)

_____

Date_____

OPTIMAL INSTRUMENT

Difficulty–Baseline Click the box to select

Instructions: Please circle the level of difficulty you have for each activity today.	**Able to do without any difficulty**	**Able to do with little difficulty**	**Able to do with moderate difficulty**	**Able to do with much difficulty**	**Unable to do**	**Not applicable**
1. Lying flat	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
2. Rolling over	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
3. Moving–lying to sitting	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
4. Sitting	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
5. Squatting	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
6. Bending/stooping	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
7. Balancing	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
8. Kneeling	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
9. Standing	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
10. Walking–short distance	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
11. Walking–long distance	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
12. Walking–outdoors	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
13. Climbing stairs	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
14. Hopping	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
15. Jumping	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
16. Running	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
17. Pushing	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
18. Pulling	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
19. Reaching	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
20. Grasping	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
21. Lifting	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
22. Carrying	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9

23. From the above list, choose the 3 activities you would most like to be able to do without any difficulty (for example, if you would most like to be able to *climb stairs*, *kneel*, and *hop* without any difficulty, you would choose: *1. 13 2. 8 3. 14*)

1.____ 2.____ 3.____

24. From the above list of three activities, choose the primary activity you would most like to be able to do without any difficulty (for example, if you would most like to be able to *climb stairs* without any difficulty, you would choose: Primary goal.*13*)

Primary goal. ____

Date:

Confidence–Baseline Click the box to select

Instructions: Please circle the level of confidence you have for doing each activity today.	**Fully confident in my ability to perform**	**Very confident**	**Moderate confidence**	**Some confidence**	**Not confident in my ability to perform**	**Not applicable**
1. Lying flat	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
2. Rolling over	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
3. Moving–lying to sitting	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
4. Sitting	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
5. Squatting	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
6. Bending/stooping	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
7. Balancing	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
8. Kneeling	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
9. Standing	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
10. Walking–short distance	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
11. Walking–long distance	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
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20. Grasping	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
21. Lifting	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9
22. Carrying	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 9

Date: