



New Patient Paperwork

1. Patient Information

Full Name: _____

Preferred Name: _____

Date of Birth: _____

Phone Number: _____

Email: _____

Address: _____

Occupation: _____

Emergency Contact

Name: _____

Phone: _____

Relationship: _____

2. Medical History

Condition	Check if Applicable
Arthritis	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>
Low Blood Pressure	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>
Asthma	<input type="checkbox"/>
Depression/Anxiety	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>
Neurological Disorder	<input type="checkbox"/>
Joint Replacement	<input type="checkbox"/>

Other conditions: _____

Surgeries: _____

Allergies: _____

Primary Care Physician: _____

Phone Number: _____

Other Physician: _____

3. Pain & Chief Complaint

Primary reason for visit: _____

Pain Location(s): _____

Pain Level (0–10): Current / Best / Worst: _____

What makes it better? _____

What makes it worse? _____

Pain Type

Type	Select
Sharp	<input type="checkbox"/>
Dull	<input type="checkbox"/>
Burning	<input type="checkbox"/>
Tingling	<input type="checkbox"/>
Numbness	<input type="checkbox"/>
Aching	<input type="checkbox"/>
Throbbing	<input type="checkbox"/>

4. Functional Limitations

Activity	Limitation (Describe)
Walking	
Standing	
Sitting	
Stairs	
Lifting	
Driving	
Sleeping	
Working	
Exercise	

Describe other limitations: _____

5. Consent to Treat

I authorize Higher Form Physical Therapy and Pilates to provide evaluation and treatment.

Signature: _____ Date: _____

6. 24-Hour Cancellation Policy

Cancellations under 24 hours or no-shows may be charged a \$60 fee.

Signature:_____Date:_____

7. HIPAA Privacy Acknowledgment

I acknowledge the HIPAA privacy policies and authorize communication as listed.

Approved Contacts:

1. Name:_____Phone:_____

2. Name:_____Phone:_____

Signature:_____Date:_____

Current Medications

Medication Name	Dosage	Route	Frequency	Purpose / Condition	Prescribing Provider	Start Date	Notes

Allergies and Adverse Reactions

Substance / Medication	Type of Reaction	Severity	Notes

Over-the-Counter Medications and Supplements



HIPAA, Policies, Procedures and General Billing

- We are In-Network with Blue Cross Blue Shield and traditional Medicare- It is the patient's responsibility to know your specific plan details as we can only see an estimate of what the charge will be. We suggest calling the number on the back of your card to find out details.
- After initial evaluation, a plan will be discussed for treatment, and we will be able to estimate what the charges will be. Co-pays and deductibles are due at time of service.
- No Show/Late Cancellation fee (\$60) will be the patient's responsibility (See cancellation policy).
- If injury is caused by a work/car accident patient may be subject to full payment as we do not accept attorney liens. This must be disclosed prior to treatment.
- Dry needling- This is an additional treatment that you can discuss with PT and will be a cost of \$10 added to your total.
- Delinquent account- if payment has not been received or arrangements made the balance may be sent to an outside collection agency. The patient will be responsible for any additional fees along with the amount owed.
- Physician on file- According to Tennessee state law we have to have a doctor on file to communicate with after 30 days from Evaluation.

- It is required to have a copy of patient's Insurance Cards and Driver's License.
- Informed Consent- As a patient of Higher Form Physical Therapy and Pilates-

Patient-Friendly Summary: Notice of Privacy Practices (full copy on display in office)

Last Updated: 12.1.2025

We respect your privacy. This explains, in simple terms, how we protect your health information and your rights as a patient. Your health information is called PHI (Protected Health Information). We are required by law (HIPAA) to keep it private and secure.

How We Use Your Information- We may use or share your PHI to:

- Treat You- To provide physical therapy and communicate with your doctor or healthcare team.
- Bill for Services- To work with your insurance company or send you statements.
- Run Our Clinic- To improve care, train staff, and manage daily operations.
- We may also share information if required by law (for example: serious safety concerns, court orders, or public health reasons).
- We will not sell your information or use it for marketing without your written permission.

Your Rights as a Patient- You have the right to:

- See or Get a Copy of Your Records- You can request your health records at any time.
- Ask for Corrections- If something is wrong or missing in your record, you may request a correction.
- Limit How Information Is Used- You can ask us not to share certain information. While we may not always be able to agree, we will always consider your request.
- Request Private Communications- You can ask us to contact you in a specific way (e.g., only by email, alternate phone number).
- Get a List of Certain Disclosures- You can receive a list of times we shared your information for reasons other than treatment, payment, or clinic operations.
- Receive a Copy of the Full Privacy Notice- You may request the complete Notice of Privacy Practices anytime.

Our Responsibilities- We are required to:

- Keep your information safe
- Notify you if your information is involved in a security breach
- Follow the privacy rules described in our Notice of Privacy Practices

Questions or Concerns? - We are here to help. Contact us anytime:

Higher Form Physical Therapy and Pilates
635 E Main St, STE 3, Hendersonville, TN 37075
Phone: 615-419-5019
Email: info@higherformpt.com

You may also file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR). We will never retaliate against you for sharing a concern or complaint.

This handout is a simplified summary. For complete details, please refer to the full Notice of Privacy Practices.

Billing-

- In-Network-
 - We have discounted contracted rates with Blue Cross Blue Shield. It usually takes about a week after treatment to hear back on exact charge for visit. It is the patient's responsibility to know plan specific information. We suggest calling the number on the back of the card.
 - We are In-Network with traditional Medicare through the government (NO ADVANTAGE PLANS). It can take 3 weeks for Medicare to process the claim fully. Medicare generally covers 80% and the secondary insurance pays the other 20%. All Medicare is subject to a deductible which may be paid for by secondary insurance. If not, patient is responsible for the visit.
- Self-Pay / Out-of-Network-
 - We have discounted rates we charge.
 - As a courtesy, we do electronically file your claim with your insurance, but any possible reimbursement would be directly between you and the insurance company. We suggest calling the number on the back of your card to find out details.

RATES

\$140 – Initial Evaluation (first visit)

\$125 – Each follow up appointments

*Dry Needling is an additional \$10

All payments are due at time of service.

We accept HSA, FSA, Debit/Credit Card, Check and Cash.