

Rapides Physical Therapy

PATIENT INITIAL INFORMATION FORM

Date _____

Patient's Last Name _____ First _____ MI _____

Patient's Home Address _____ City _____ St _____ Zip _____

Home Phone # _____ Work/Cell # _____

E-mail Address: _____

Social Security # _____ DOB _____ Martial Status () M () D () S () W

Employer _____ Address _____

Are you currently receiving Home Health Care () yes () no

Have you had Physical or Speech Therapy visits this year () yes () no If so how many visits have you had _____

EMERGENCY INFORMATION

Person Responsible for Charges _____ Relationship to Patient _____

Mailing Address _____ City _____ St _____ Zip _____

Home Phone # _____ Work/Cell # _____

SS # _____ DOB _____ Martial Status () M () D () S () W

Emergency Contact _____ Phone # _____

Address _____ City _____ St _____ Zip _____

PAIN SCALE

(CIRCLE THE NUMBER OF YOUR PAIN AT ITS WORST)

0 1 2 3 4 5 6 7 8 9 10

No Pain Worst Pain Possible

Patient Medical History

Name: _____ Referring Doctor: _____

Date of injury or onset of symptoms: _____

Body part(s) injured: _____

Briefly describe how the injury / accident occurred: _____

Date of initial doctor visit after injury: _____ Surgeries for this injury: 0 1 2 3 4+

Other surgeries and dates: _____

Prescription medication you are currently taking: _____

Allergies to medications: _____

Which of the following doctors or treatment providers have you seen regarding this injury?

	Yes	No		Yes	No
General practitioner	_____	_____	Diagnostic Tests:		
Orthopedist	_____	_____	MRI	_____	_____
Neurologist	_____	_____	X Ray	_____	_____
Physical Therapist	_____	_____	CT Scan	_____	_____
Chiropractor	_____	_____	Other: _____		
Acupuncturist	_____	_____			
Massage Therapist	_____	_____			

Please let us know of your significant medical history for appropriate care:

	Yes	No		Yes	No
Cancer	_____	_____	Numbness or tingling	_____	_____
Pacemaker	_____	_____	Weakness	_____	_____
Pregnant	_____	_____	Loss of balance	_____	_____
Seizures	_____	_____	Lung disorder	_____	_____
Pins / metal implants	_____	_____	Liver disorder	_____	_____
Diabetes	_____	_____	Osteoporosis	_____	_____
Circulation disorder	_____	_____	Tuberculosis	_____	_____
Blood disorder	_____	_____	Hepatitis	_____	_____
Arthritis	_____	_____	Vision disorder	_____	_____
High Blood Pressure	_____	_____	Hearing disorder	_____	_____
Stomach / Ulcers	_____	_____	Psych disorder	_____	_____
Infection problems	_____	_____	Weight loss or gain	_____	_____
Head injury	_____	_____	Sleeping disorder	_____	_____
Multiple Sclerosis	_____	_____	Pain at night	_____	_____
Parkinson's disease	_____	_____	Hernia	_____	_____
Stroke / TIA	_____	_____	Varicose Veins	_____	_____
Kidney disorder	_____	_____	Joint Replacement	_____	_____
Heart disorder	_____	_____	Bladder disorder	_____	_____
Fractures	_____	_____	Smoker	_____	_____
Frequent headaches	_____	_____			

Give us any other pertinent information that will assist us with your physical therapy: _____

Goals / expectations while attending physical therapy: _____

RAPIDES PHYSICAL THERAPY

PATIENT RIGHTS

- I. Patients have the right to be treated with consideration, respect, and full recognition of the patient's dignity and individuality, including privacy in treatment and personal care needs
- II. Patients have the right to be free from chemical, physical and psychological abuse or neglect
- III. Patients have the right to refuse or withdraw consent for treatment or give conditional consent for treatment
- IV. Patients have the right to have medical and financial records kept in confidence and the release of such records shall be written consent of the patient or the patients representative except as otherwise required or permitted by law
- V. Patients have the rights to be informed of the following:
 - A. Proposed procedures and risks involved
 - B. Policy on advance directives
 - C. Costs of services prior to obtaining services or prior to a change in rates, charges, or services
 - D. Notice of third party coverage, including Medicare and Louisiana Health Care Cost Containment System coverage
 - E. The patient grievance process

Nondiscrimination Policy

Rapides Physical Therapy does not discriminate against any person on the basis of race, color, national origin, disability, gender, or age in admission, treatment, or participation in its programs, services and activities, or in employment. For further information about the policy, contact: Samuel Forester, 318-445-4455.

Please inform this office if you require any assistance in completing these forms.

It is the policy of Rapides Physical Therapy to provide communication aids (at no cost to the person being served) to Limited English Proficient (LEP) persons, to ensure them a meaningful opportunity to apply for, receive or participate in, or benefit from the services offered.

Rapides Physical Therapy and all of its programs and activities are accessible to and useable by disabled persons, including persons with impaired hearing and vision.

In case of questions concerning any of the above, or in the event of a desire to file a complaint alleging acts of discrimination, please contact: Samuel Forester, President at (318) 445-4455.

Patient/Other Legally Responsible Person Signature

Relationship

Witness

Date

Time