

San Buenaventura Physical Therapy

New Patient Information

Patient Name _____ Date of Birth _____ Age _____

Social Security Number _____ Primary Phone _____

Secondary Phone _____ E-Mail _____

Sex (circle one): Male Female Marital Status _____

Address _____ City, State, Zip _____

Emergency Contact _____ Phone _____

Whom is the person that referred you to our office? _____

Employer _____ Occupation _____ Work Phone _____

Address _____ City, State, Zip _____

Do you have or have you had the following:

Diabetes? Yes _____ No _____

High Blood Pressure? Yes _____ No _____

Heart Problems or Disease? Yes _____ No _____

Pacemaker? Yes _____ No _____

Prior Surgeries? Yes _____ No _____

Seizures? Yes _____ No _____

Metal Implants? Yes _____ No _____

Allergies? Yes _____ No _____

Stroke or TIA? Yes _____ No _____

Cancer? Yes _____ No _____

Do you Smoke? Yes _____ No _____

Are you pregnant? Yes _____ No _____

If "Yes", please explain _____

Current Medications _____

I authorize payment of medical benefits to San Buenaventura Physical Therapy as indicated on the itemized bill. I authorize San Buenaventura Physical Therapy to release medical and billing information required to process claims for payment or as necessary for care in the course of my therapy. I understand that San Buenaventura Physical Therapy is billing my insurance as a courtesy, and that I am ultimately responsible for the charges. ***I understand I may be charged a fee of \$45 for no shows or cancellations with less than 4 hours of notice prior to the scheduled appointment time.*** This may be waived at the owner's discretion. A copy of this agreement shall be considered as effective and valid as the original.

I do hereby consent to such treatment by the authorized personnel of San Buenaventura Physical Therapy as may be dictated by prudent medical practice by my illness, injury, or condition. This consent is intended as a waiver of liability for such treatment excepting acts of negligence.

Patient or Guardian Signature _____ Date _____