

# San Buenaventura Physical Therapy

## New Patient Information

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

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 \_\_\_\_\_

### 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 \$65 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 \_\_\_\_\_