BROOKLYN OFFICE: 441 3RD AVE. BROOKLYN NY 11215
MANHATTAN OFFICE: 119 W 23RD STREET, SUITE 804 NEW YORK NY 10011

New Patient Intake Form

Mr./Mrs./Ms/Dr./ Name:	Social Security:
Street	City/State/Zip Code:
Telephone Number (Mobile-Home): Telephone Number (Work): Email:	Insurance Company: Insurance ID#: Date of Birth:
Referring Doctor:	Problem Area:
Emergency Contact {Name):	Emergency Contact (Telephone Number):

CAROLINE FEIG, DPT, GCFP
610-360-1804

BROOKLYN OFFICE: 441 3RD AVE. BROOKLYN NY 11215
MANHATTAN OFFICE: 119 W 23RD STREET, SUITE 804 NEW YORK NY 10011

Please circle any method you are interested in applying to your rehabilitation:

The Feldenkrais Method Tai Chi Pilates Yoga Meditation

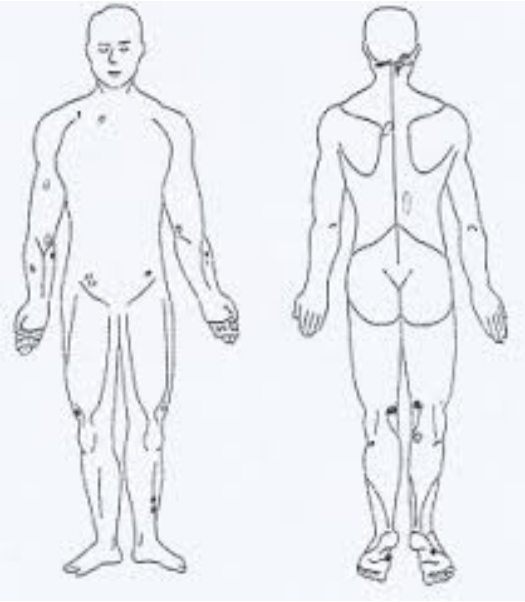
Physical Therapy Patient History

Name_____

Please list your chief complaints:

_____
_____
_____
_____
_____

Please use the picture below to indicate the affected area



BROOKLYN OFFICE: 441 3RD AVE. BROOKLYN NY 11215
MANHATTAN OFFICE: 119 W 23RD STREET, SUITE 804 NEW YORK NY 10011

Please rate the following categories for each complaint from 1 to 10

Complaint #1_____

Pain | | Loss of motion | | Swelling/stiffness | | Loss of function | |

Complaint #2_____

Pain | | Loss of motion | | Swelling/stiffness | | Loss of function | |

Complaint #3_____

Pain | | Loss of motion | | Swelling/stiffness | | Loss of function | |

When did your current signs and symptoms begin?

Have you had similar occurrences in the past? yes | | no | |

Please list the dates of any diagnostic tests (MRI, Xray, nerve conduction and findings)

Past medical history with dates accidents, injuries, falls, surgeries

Please list current medications:

What are your goals for physical therapy?

BROOKLYN OFFICE: 441 3RD AVE. BROOKLYN NY 11215
MANHATTAN OFFICE: 119 W 23RD STREET, SUITE 804 NEW YORK NY 10011

Direct Access Law

New York State law has determined that physical therapy may be rendered to patients without a physician prescription or referral under the following guidelines:

Treatment can be rendered by a Licensed PT without a referral for 10 visits or 30 days, whichever comes first.

Licensed PT must have practiced PT on a full-time basis for no less than three years and be of at least twenty-one years of age.

While the law recognizes your right to direct access, your health insurance provider may require a prescription or authorization in order for the services to be covered. **Under these or any conditions, it is your responsibility to make payment for any physical therapy fees not paid for by your insurance company.**

Patient's Signature _____

Date _____

BROOKLYN OFFICE: 441 3RD AVE. BROOKLYN NY 11215
MANHATTAN OFFICE: 119 W 23RD STREET, SUITE 804 NEW YORK NY 10011

Consent For Outpatient Physical Therapy Treatment

You must attend your appointments as scheduled and may potentially be discharged if you fail to attend 3 of your scheduled appointments.

As your physical therapist I cannot guarantee a cure or improvement for your condition. In cases where you are not improving, I will share all resources available to me including current research and other options for treatment

It is possible that you may experience an increase in your current level of pain, or an aggravation of your existing injury. Generally these affects are temporary and will likely subside within 72 hours.

You may also experience an improvement in signs, symptoms, and performance of daily activities. This may include increased strength, flexibility, stamina and stability

All potential risks, benefits, and alternatives of physical therapy treatment will be explained to you during your physical therapy intervention. If you do not wish to continue with physical therapy, you may discuss your alternatives with your physical therapist and/or physician. You also may discontinue at any time.

Based on the information you have received, please sign the following consent for physical therapy treatment.

Patient's Signature _____

Therapist's Signature _____

Date _____