

Nyren Physical Therapy

Profile Information

Please take a moment to fill out our online intake form before your visit. All information is kept completely confidential.

First and Last

Name: _____

Mobile Phone : (_____) _____

Home Phone: _____

Work Phone: _____

Street

Address: _____

City/ State/

Zip: _____

Date of Birth – ____ / ____ / ____ (This may be used if you are submitting claims to your insurance provider.)

Guardian (if less than 18 years of

age): _____

Emergency Contact and Phone:

Emergency Contact Relationship: _____

Medical History

To ensure you receive a complete and thorough evaluation, and an appropriate physiotherapy treatment, please provide us with accurate health history. If your health status changes in the future, please let us know. All information gathered is confidential and will not be released without your consent.

Allergies

Do you have any environmental allergies?

Are you allergic to any medications?

Do you have any food allergies?

Do you have any other allergies?

Are you latex sensitive?

Have you been under the care of any of the following professionals in the past 6 months, please describe for what reason (illness, medical condition, physical impairment, etc.)

Family Physician:

Medical Specialist:

Psychiatrist/Psychologist:

Chiropractor:

Physiotherapist:

Osteopath:

Other

Please list any medications, vitamins, supplements you are taking:

Have you ever been diagnosed as having any of the following conditions: (please circle any that apply and describe below

Cancer Heart Conditions Asthema Emphysema Chronic Bronchitis Thyroid Conditions Diabetes Arthrtitis (Rheumatoid and/ or Osteo) Depression Anemia Hepatitis Tuberculosis Stroke Kidney Diesase Epilepsy Other:

Do you have a Pace Maker or any implants on your body? If yes please indicate:_____

Please list any surgeries you have had:_____

Please tell me about your chief concerns for which you are seeking treatment today:_____

Any additional concerns you would like us to address?_____

Any previous traumas or accidents that could affect your area of complaint? _____

Any numbness/ tingling/ loss of sensation: _____

Medical Consent for treatment to include Dry Needling

Accuracy of Information- I certify that the above medical information is correct to my knowledge.

SIGNATURE _____

Privacy and Sharing of Information- I authorize the clinic and its associated health professionals to collect my personal and medical information as documented above. I authorize the clinic and its associated health professionals to communicate with my family doctor and/ or referring doctor as deemed necessary for my beneficial treatment. I understand that my personal and medical information is confidential and will only be disclosed to third parties with my permission. SIGNATURE _____

Cancellation Policy- Your appointment time is reserved just for you. A late cancellation or missed visit could be used by another patient, and as such we require 24 hours notice for any cancellation or changes to your appointment. Less than 24 hours of notice will result in a full appointment fee charged to the patient. SIGNATURE _____

Virginia Code 54.1-3482 I am receiving care from a licensed doctor of medicine,

osteopath, chiropractor, podiatrist, dental surgeon, licensed nurse practitioner or licensed physician's assistant for the symptoms I am receiving physical therapy care. I give permission for Nyren Physical Therapy to release my personal health information and physical therapy treatment records to the practitioner I have identified.

_____ I DO NOT WISH FOR MY PERSONAL HEALTH INFORMATION AND PHYSICAL THERAPY TREATMENT RECORDS TO BE RELEASED TO ANY PROVIDER.

Good Faith Estimate: This is intended to provide you with an estimate of charges you will incur during treatment. The clinical fee schedule will include an initial evaluation as well as treatment sessions to include Dry Needling, manual therapy, exercises and physical training. The cost of your sessions are as follows: \$180.00 for an initial evaluation, \$140.00 for an hour follow up, and \$80.00 for a 30 minute follow up. Please note that each of these sessions include the time it takes to document your care and provide you with an itemized bill that you can use to submit to your insurance company.

Disclaimer: This good faith estimate shows the costs of items and services that are reasonably expected based on your health care needs. The estimate is based on the information known at the time the estimate was created. It does not include any unknown or unexpected costs that may arise during treatment. You could be charged more if complications arise or special circumstances occur. If this happens federal law allows you to dispute the bill. This estimate is not a contract and does not require you to obtain the services or items from the providers or facility identified in it. You have the right to request another good faith estimate at any time during your care. You may contact the health care provider of facility listed to let them know the billed charges are higher than the good faith estimate. You can ask them to update the bill to match the good faith estimate, ask to negotiate the bill, or ask if there is financial assistance available. For questions or more information about your right to a good faith estimate visit www.cms.gov/nosurprises or call the No Surprises Help Desk at 1-800-985-3059.

Dry Needling Information and Consent:

Myofascial trigger and tender points which occur in soft tissue reflect an abnormal nervous system activity associated with many neuro musculoskeletal conditions that we treat in our office. The procedure of Dry Needling is an important tool for diagnosis and treatment of myofascial trigger points. Dry Needling IS NOT ACCUPUNCTURE. It involves using a sterile solid filament needle, inserting the needle into soft tissue to help relieve you of an active or inactive trigger point that is affecting your current complaint of pain or postural dysfunction. One or a number of needles can be used. This procedure can take place during more than one appointment. Whenever there is penetration of the skin there is a risk of infection. Other unlikely but possible events include fainting, soreness, bruising, or pneumothorax. At Nyren Physical Therapy Dry needling is performed by a licensed physical therapist who are specially trained and certified by instructors who practice under the Virginia American Physical Therapy laws and guidelines. If you have a genetic bleeding disorder, a fear of needles, a history of a blood disorder that can be transferred to another or are taking medications that affect your blood flow please mention this below. Please note that Dry Needling is not covered by any insurance and if you are submitting your payments to your insurance company they will not reimburse for the time you are being needed.

I UNDERSTAND THIS PROCEDURE IS NOT ACCUPUNCTURE AND HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS AND OBTAIN DESIRED CLARIFICATION, AND I CONSENT TO HAVING THE PROCEDURE OF DRY NEEDLING PERFORMED ON ME.

Print and sign and
date: _____

_____ Date: _____