



Vibrance Physical Therapy and Wellness

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NEW PATIENT INFORMATION FORM

Personal Information

Patient Name: _____ Date: _____
Last First Middle Initial

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Email: _____

Home Phone: _____ **Cell Phone:** _____

Patient Occupation: _____

Patient Employer/School: _____ **Phone:** _____

Employer/School Address: _____

Sex: Female Male **Age:** _____ **Date of Birth:** _____ **SSN:** _____

Marital Status: Single Married Divorced Widowed Partnered for _____ years

Spouse Name: _____ **Spouse Date of Birth:** _____

Responsible Party (if patient is a minor): _____ **Relationship:** _____

Phone: _____ **Employer:** _____

Emergency Contact: _____
Name Relationship Cell Phone

Whom may we thank for referring you? _____

Family Physician: _____ **City:** _____

Insurance Information

Primary Insurance: _____

Policy Holder: _____
Name Relationship Birthdate

Policy ID #: _____ **Group #:** _____

Secondary Insurance: _____

Policy Holder: _____
Name Relationship Birthdate

Policy ID #: _____ **Group #:** _____

Agreement

I understand and agree that health insurance is an arrangement between my insurance company and me. Furthermore, I understand that this practice will prepare any necessary reports and forms to assist me in receiving reimbursement from the insurance company. I authorize the release of any medical or other information necessary to process insurance claims and I request payment of government or Medicare benefits either to myself or to the party who accepts assignment. I authorize payment of other medical benefits to Vibrance Physical Therapy and Wellness. I clearly understand and agree that all services rendered to me are charged directly to me and I am personally responsible for all charges whether or not paid by any insurance company.

Signature of Patient or Responsible Party

Printed Name of Signator

Phone

Have you had physical therapy within the last year? Yes No
Have previously had treatment for your current condition? Yes No
If yes, please indicate type of treatment and duration: _____

Medicare Information (if applicable)

Are you currently receiving home care services? Yes No
If yes, what is the expected date of completion? _____
Do you have a home care discharge letter? Yes No

Athlete Information (if applicable)

What sport(s) do you play? _____
Were you injured during competition, practice, or training? Yes No Date (if applicable): _____
If yes, was any paperwork filed with the school/league? Yes No League Name: _____

Accident Information (if applicable)

Is your condition due to an accident? Yes No Date: _____ Claim #: _____
Type of Accident: Auto Work Home Other: _____
To whom have you made a report of your accident? Auto Insurance Employer Workers Comp Other
Attorney Name (if applicable): _____

Consent to Treatment

Physical therapy involves the use of many different types of physical evaluation and treatment. At Vibrance Physical Therapy and Wellness, we use a variety of procedures and modalities to help us try to improve your function. As with all forms of medical treatment, there are benefits and risks involved with physical therapy. Since the physical response to a specific treatment can vary widely from person to person, it is not always possible to accurately predict your response to a certain therapy modality or procedure. We are not able to guarantee precisely what your reaction to a particular treatment might be, nor can we guarantee that our treatment will help the condition you are seeking treatment for. There is also a risk that your treatment may cause pain or injury, or may aggravate previously existing conditions.

You have the right to ask your physical therapist about the type of treatment planned based on your history, diagnosis, symptoms, and testing results. You may also discuss with your therapist what the potential risks and benefits of a specific treatment might be. You have the right to decline any portion of your treatment session. Therapeutic exercises are an integral part of most physical therapy treatment plans. Exercise has inherent physical risks associated with it. If you have any questions regarding the type of exercise you are performing and any specific risks associated with your exercises, your therapist will be glad to answer them.

I acknowledge that my treatment program has been explained to me by Vibrance Physical Therapy and Wellness, and all of my questions have been answered to my satisfaction. I understand the risks associated with a program of physical therapy as outlined to me, and I wish to proceed.

Patient Name

Signature of Patient or Responsible Party

Printed Name of Signator

Date