



FIRST REHAB AND SPORT
PHYSICAL THERAPY

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4624 N M37 Hwy, Suite A Middleville MI 49333

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2169 W M43 Hwy Suite C, Hastings MI 49058

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Welcome to First Rehab & Sport Physical Therapy. For many of you, this may be your initial experience with us, or with physical therapy in general. Our therapists are licensed professionals, well trained and experienced in treating various injuries and dysfunctions. Our entire staff is committed to providing exceptional care in a comfortable and friendly environment. Our priority is to help you reach your goals and return to a fully productive, enjoyable and independent lifestyle.

Based on a physician's referral and your input, our PTs will perform an initial evaluation of your injury. From this evaluation, your PT will develop a treatment plan. As your condition improves, we will communicate with your doctor and advance you accordingly.

Your treatment plan will include exercises and stretches to be performed at home. For PT to be as effective as possible, it is important that you share our commitment to this plan. Attending scheduled visits is very important and completing home exercises regularly will increase the effectiveness of your treatment. It is also important that you communicate with your therapist, who will want to know of any positive or negative reactions to the exercises, stretches or manual treatments you have received. Any information you provide will help your therapist make adjustments to your treatment plan, and help you progress more quickly and comfortably. Please take an active part in therapy by asking questions & providing feedback.

The cost of physical therapy varies greatly among insurance plans. We accept almost all insurances, but deductibles, copays and out-of-pocket expenses are different for all plans. If you provide your insurance information, we will research costs and report them to you as soon as we can. We also suggest that you contact your insurance company to inquire about PT benefits. Insurance companies will often provide patients with more detailed information than they give providers.

To prepare for your initial visit you will need to complete a few intake forms. Please bring your photo ID and insurance card(s), your PT referral (often also called a "prescription" or "order",) a list of current medications, and cash, check or credit card for copayments, if applicable. We also ask that you wear clean athletic shoes (rather than flip flops, dress shoes or boots) and comfortable clothing appropriate for exercising. During the wet, snowy winter months, we request that you bring a separate, dry pair of shoes to change into before beginning therapy. Doing so keeps our equipment dry and safe.

Lastly, if you need to bring your children or grandchildren along to a scheduled appointment, we ask that they quietly sit in our waiting area or close by you during your treatment. We request that you not allow your children to use our exercise equipment. Though it looks like a LOT of fun, our pediatric therapy room is designated for patients only. Our goal is to provide a safe environment for all patients.

We look forward to working with you. Please feel free to contact us with any questions.



FIRST REHAB AND SPORT
PHYSICAL THERAPY

Patient Name: _____ **Date of Birth:** _____

Parent Name (If a Minor): _____ **Parent Cell Phone #:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

EMAIL ADDRESS: _____ **HOME PHONE #:** _____

WORK PHONE #: _____ **CELL PHONE #:** _____

May we text you appointment reminders? YES NO **If YES, Cell Phone Provider:** _____

Do we have permission to leave voicemail messages? YES NO

Emergency Contact: _____ **Phone#:** _____

Relationship To Patient: _____

May we share medical information with your emergency contact? YES NO

INSURANCE INFORMATION

Insured Name: _____ **Insured DOB:** _____

Primary Insurance Company _____ **Member ID:** _____

Secondary Insurance Company _____ **Member ID:** _____

Authorization to Treat, Release Information for Medical Benefits.

I hereby consent to receive medical treatment, specifically physical therapy services, at First Rehab & Sport of Middleville, MI. First Rehab & Sport has my permission to request and view medical information from other health care providers if it is directly relevant to my physical therapy treatment. This information may include, but is not limited to, X-ray reports, MRI reports, surgical reports, injury/accident reports & other relevant medical history.

I also authorize the release of payment of medical benefits to First Rehab & Sport for services rendered. I understand that my insurance carrier may pay less than the actual billed services due to the terms of my insurance benefits and coverages. I agree that I will be responsible for payment of all services rendered on my behalf or the behalf of my dependant in accordance with my health plan coverage. My signature below demonstrates my understanding

Patient (or Guardian) Signature: _____ **Date:** _____

Medical History Related to Current Injury or Condition

Describe your current problem: _____

Date of Onset: _____ Date of Surgery (if applicable): _____

Results of X-Ray or MRI: _____

Primary Dr : _____ Phone: _____ Surgeon: _____ Phone: _____

Are you currently receiving any other health care services (physical therapy, chiropractic, acupuncture, massage, injections, etc?) _____

How would you describe your current health (Please Circle): EXCELLENT FAIR POOR

How is your current condition most affecting your function? (Please Circle ALL that apply)

WALKING	WALKING ON UNEVEN GROUND	LIFTING OVERHEAD	GOING UP STAIRS
SITTING	ROLLING OVER IN BED	PLAYING SPORTS	GOING DOWN STAIRS
STANDING	GETTING UP FROM A CHAIR	RUNNING	SLEEPING

Have You Fallen in the Past 6-12 months? YES / NO IF YES, How Many Times? _____

Do you use an assistive device (cane, walker)? YES / NO IF YES, please list: _____

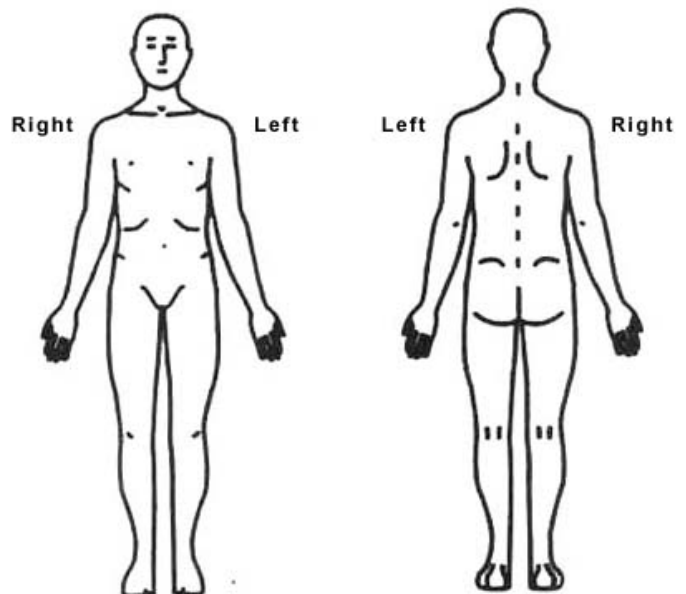
What are your goals for physical therapy? _____

Rate CURRENT pain (0 is no pain, 10 is severe pain): _____ Recent WORST Pain: _____

PLEASE MARK ON THE DIAGRAM WHERE YOUR PAIN OCCURS:

Circle each pain descriptor that applies

Dull Ache	Tightness
Constant Ache	Burning
Sharp	Swelling
Shooting	Weakness
Throbbing	Tingling
Stabbing	Numbness



GENERAL MEDICAL HISTORY

Please list all current medications (or provide a separate list.)

Please list any previous surgeries (or provide a separate list)

Please mark any of the following conditions of which you have a history.

Allergies	Currently Pregnant	Parkinson's Disease
Arthritis	Epilepsy/Seizures	Ulcers
Asthma	Fibromyalgia	Stroke
Blood Disorder	Head Injury	Thyroid Disease
Cancer (Type_____)	Hearing Problems	Vision Problems
High Cholesterol	Sleep Apnea	Bowel Problems
Neuropathy	Kidney Disease	Bladder Problems
Coronary Artery Disease	Liver Disease	Gout
Heart Attack	Migraines	Osteoporosis
Atrial Fibrillation	Other Headaches	High Blood Pressure
Depression	Multiple Sclerosis	Allergic to Latex
Anxiety	Diabetes	OTHER: _____
Past Pregnancies	Pacemaker	OTHER: _____

Attendance Policy

Thank you for choosing First Rehab & Sport for your therapy services. In order for us to best help you, consistent attendance is essential. For this reason, all therapy sessions are important, and cancellations/no-shows are discouraged. We ask our patients to be on time for scheduled appointments. We do our best to respect your time by working hard to stay on schedule, and we appreciate you doing the same. Missed or shortened appointments prevent other patients from coming in at the same time and affect the consistency of your own rehab program. In the event that you will be late for an appointment, please call our office at (269) 795-4230 (Middleville) or (269) 309-1090 (Hastings) as soon as possible to notify us of your expected arrival time. Please understand that your PT session may have to be shortened if you arrive late. ***If you are 10 minutes or more late to your appointment, we may have to cancel this appointment, and it will be considered a missed appointment.*** We require at least 24 hour notice in the event of a cancellation. This advance notice will allow us the opportunity to give that appointment to another patient.

- **We will allow ONE MISSED appointment (No-Show or cancellation with LESS THAN 24 hours notice) WITHOUT A CHARGE.**
- **After this 1st missed appointment we will charge a \$35 NO-SHOW/CANCELLATION FEE for any subsequent No-Shows or appointments without 24 hours notice and will be due at the time of your NEXT appointment. No-Show fees are NOT covered by your insurance.**
- **MULTIPLE NO-SHOWS or cancellations may result in DISCHARGE from physical therapy.** In the event that you are discharged from our care, your referring provider or case manager will be notified of the reason for discharge from physical therapy. We are obligated to report non-compliance.

I understand First Rehab & Sport's cancellation and no-show policy. It is my responsibility to plan appointments accordingly and notify First Rehab & Sport if I cannot fulfill my scheduled appointment.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____



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HIPAA Notice

I understand that under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I have certain rights to privacy regarding my protected health information (PHI). I understand that this information can and will be used for the following reasons:

To conduct, plan and direct my treatment and follow-up with other healthcare providers who are directly or indirectly involved in that treatment

To obtain payment from third party payers (insurance companies)

To conduct normal healthcare operations such as quality assessments and certification and contracting requirements

I agree to notification of future therapy appointments by telephone message.

I have read and understand First Rehab & Sport's Notice of Privacy Practices, which contain a more complete description of the uses and potential disclosures of my health information. I understand that these notices are subject to change and that I may request an additional copy of these notices at any time.

I understand that I have the right to request in writing that First Rehab & Sport further restrict how my PHI is used or disclosed to carry out treatment plans, seek payment or communicate with other caregivers. I also understand that First Rehab & Sport is not required to agree to these requests, but is required to inform me of such a decision.

I understand that upon my written request, any and all records related to my care may be transferred to the medical office of my choice.

Patient Name _____

Guardian (if patient in minor) _____

Signature of Patient/Guardian _____

Date _____



First Rehab & Sport Physical Therapy

COVID Policy Update For Patients

Effective June 28, 2021

We have considered information available from the CDC, MDHHS, and OSHA and tried to balance rules vs recommendations.

1. Please expect to fill out a COVID-19 screening form prior to every visit. If you have signs of illness, you may be asked to leave. Please cancel your PT visits if you are NOT feeling well. We will NOT charge you.
2. Please use our sink in the gym to wash your hands OR use hand sanitizer PRIOR to starting your therapy session and AFTER your session before leaving our building.
3. First Rehab staff will continue to be diligent about disinfecting equipment after every use; We will also frequently continue disinfecting therapist desks, computers, cell phones, front office phones, countertops, the door handle at the front lobby, and bathroom sinks/handles on a DAILY basis
4. Please DO NOT enter the building more than 5 minutes PRIOR to your scheduled appointment time; Feel free to wait on our benches out front or in your vehicle if you arrive early.
5. Our lobby will continue to be closed to spouses, drivers, siblings, and other visitors UNLESS the treating therapist or clinic manager has approved them to stay in the office and they are also screened upon entry
6. Parents of minors and/or caregivers of patients WILL BE allowed to attend treatment sessions. They will need to be screened upon entering our office as well.
7. Non-vaccinated staff will continue to wear masks when around patients
8. Patients will have the option to wear masks regardless of vaccination status
9. If vaccinated, staff may choose to not wear a mask
- 10. Patients MAY REQUEST their therapist wear a mask during treatment sessions; We WILL EXPECT therapists to wear masks upon those requests**