

Health *history*

Please bring this to your first visit, or send it to us before you come. It takes about five minutes, and it lets your physical therapist spend the visit on you instead of on paperwork.

ABOUT YOU

First name	Last name
Date of birth	Phone
Email	
Home address	
Emergency contact	Their phone

INSURANCE

Insurance plan	Member ID
Policy holder, if not you	Referring doctor, if any

WHAT BRINGS YOU IN

- | | | |
|--|---|---|
| ☐ Back or spine | ☐ Neck | ☐ Shoulder |
| ☐ Knee | ☐ Foot and ankle | ☐ Hip and leg |
| ☐ Pelvic health | ☐ Dizziness | ☐ Something else |

When did it start, and how?

What makes it worse?

What makes it better?

What would you like to be able to do again?

YOUR HEALTH

- | | | |
|---|--|--|
| ☐ Recent surgery | ☐ Heart condition | ☐ High blood pressure |
| ☐ Diabetes | ☐ Osteoporosis | ☐ Pregnant |
| ☐ Pacemaker | ☐ Cancer, past or present | ☐ Recent fall |

Medications you take

Anything else we should know

Consent *and payment*

Read this once before your first visit. Ask us about anything that is not clear.

CONSENT TO EVALUATION AND TREATMENT

I agree to be evaluated and treated by a licensed physical therapist at Fulcrum. Treatment may include exercise, hands-on therapy, and, if we discuss it first, dry needling. I can ask questions, stop any part of a session, or decline a treatment at any time.

PAYMENT

If you use insurance, we check your coverage before your first visit and tell you what you will owe. You pay your copay, coinsurance, or deductible at each visit. If you pay for yourself, you pay at each visit, and we give you a superbill you can send to your plan. We accept HSA and FSA cards.

CANCELLATIONS

Cancel or reschedule at least 24 hours ahead. Late cancellations and missed visits are charged \$50.

YOUR PRIVACY

We keep your health information private as required by HIPAA. You receive our Notice of Privacy Practices at your first visit.

Signature

Date

Printed name

If signing for a minor, relationship