

## New Client Registration

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

## Emergency Contact

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Health History

• Reason for your visit? \_\_\_\_\_

• When and how did your symptoms begin? \_\_\_\_\_

• What makes your symptoms better? \_\_\_\_\_

• What makes your symptoms worse? \_\_\_\_\_

• What treatment have you received? \_\_\_\_\_

• How do you feel compared to one month ago? (Please circle one below)

Much Better    Somewhat Better    Same    Somewhat Worse    Much Worse

• Level of life's stresses and tensions:                      Low    Medium    High

• Satisfaction and fulfillment with work:                      Low    Medium    High

• Level of control over work conditions:                      Low    Medium    High

• Describe your medical history: \_\_\_\_\_

## Policies & Release of Liability

Thank you for choosing Physical Therapy & Feldenkrais NYC, PC (“PT&F” or the “Practice”). We strive to create an optimal healing environment to assist you on your path to recovery and improvement. Please carefully read the following important information and policies of our practice and the releases of liability.

- **Payment, Scheduling & Cancellation Policy:** Payment is due at the time of service. We recommend scheduling private sessions 4-6 weeks in advance. We strictly require a minimum of 24-hour notice for rescheduling or canceling an appointment. A cancellation fee of \$125.00 will be charge for all appointments canceled, rescheduled, or broken without a minimum 24-hour notice.
- **About the Feldenkrais Method:** Feldenkrais is a movement-based method of learning. Our Guild Certified Feldenkrais Practitioners and Licensed Physical Therapists will use principles of the Feldenkrais Method to help clarify postural alignment, patterns of movement and habitual body mechanics through verbal instruction or gentle hands-on work. Using this integrated approach, the practitioner or therapist may work with areas of the body other than the specific site of injury or pain. Your comfort is a necessary condition for learning more optimal ways of moving and the overall success of the treatment. We accordingly ask that you please inform the practitioner or therapist without delay if you experience discomfort, physical or otherwise.
- **Photographic, Video & Audio Recordings Release:** In order to develop the most effective treatment plan and help educate you on your specific condition, our practitioners and therapists will sometimes create photographs, videos and/or audio recordings of your sessions, which solely will be used in your plan of care. We always will ask your consent in advance to the making of these recordings and you can refuse at any time without any other change in care at PT&F. Additionally, these recordings will not be reproduced or used otherwise, without your written consent.
- **Waiver & Release:** I understand and am in full appreciation of the risks inherent in activities offered by PT&F, described above, and do hereby release, waive, discharge, indemnify and hold PT&F and its subsidiaries, affiliates, agents and employees, harmless from and against any and all legal suits, claims or liability, including costs and attorney's fees, arising from or in connection to personal injury or damages to personal property, which may result from my participation in the aforesaid activities.

I hereby certify that (1) I have entered all of the information on the front page to the best of my knowledge; and that (2) I have read this form and understand and accept its content as of this date.

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**Sign Name**

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**Print Name**

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**Date**

## Physical Therapy Additional Policies

Our licensed physical therapists each have more than twenty years of clinical experience as well as being senior Guild Certified Feldenkrais Practitioners. Please read the information below about Physical Therapy & Feldenkrais NYC, PC (“PT&F” or the “Practice”) and its policies for your physical therapy treatment.

- **Prescriptions, Referrals and Direct Access:** We strongly advise you to obtain a referral for physical therapy from a New York State physician, dentist, podiatrist, or nurse practitioner. Ideally, the prescription would say: “evaluate and treat” and include your diagnosis. New York State law (Chapter 298 of the Laws of 2006 termed Direct Access) permits patients to access physical therapy services for 30 days, or 10 visits, whichever comes first. Direct Access is your right to be evaluated and treated by a licensed physical therapist (who has a minimum of three years of clinical experience) without first seeing a physician for a referral. Although, your health insurance provider may not cover treatment rendered without a physician referral. It is the patient’s responsibility to confirm if their insurance provider requires a referral for treatment. You must obtain a physician referral if your insurance requires referral, and/or the treatments extend beyond the first 30 days from initial visit.
- **Payments:** As a self-pay facility, PT&F does not bill insurance providers on the patient’s behalf. Patients are responsible for all payments to PT&F at the time of service.
- **Out-of-Network Policy:** (Does not apply to Medicare) PT&F is out-of-network with all health insurance plans. If you have out-of-network benefits, PT&F will provide you with a copy of your bill that you can submit to your health plan for reimbursement of the services your health plan covers. PT&F does not bill insurance companies and it is your responsibility to understand your deductibles, co-insurance, pre-authorization requirements, and for seeking reimbursement from your insurance provider. PT&F will provide documentation of payment.
- **Medicare Policy:** PT&F’s physical therapists are not enrolled as Medicare providers. The Practice is not an enrolled Medicare provider, as our services and facility are not designed to meet Medicare’s requirements. Medicare or a supplemental insurance plan will not pay for treatment at PT&F. PT&F’s invoices, receipts, statements, or documentation may not be submitted to Medicare for reimbursement or to obtain a denial for a Medicare supplemental insurance plan.
- **Appeals Policy:** It is the sole responsibility of the patient to file all appeals of adverse benefit determinations. If you need assistance filing an appeal with your health plan, contact customer assistance on your appeal letter.

I certify that I have read this form and that I understand and accept its content as of this date.

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Sign Name

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Print Name

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Date

## HIPAA Notice of Privacy & Disclosure of My Health Information

I consent to the use or disclosure of my health information in order that PT&F may carry out treatment, payment, or health care operations. Health information shall mean any and all information relating to health care services provided to me by PT&F, including, without limitation, information relating to services provided to me prior to this date. I acknowledge that I was offered a copy of PT&F's Notice of Privacy Practices.

**Release of Information:** I hereby authorize one or all of the designated parties below to request and receive the release of any protected health information regarding my treatment.

### Authorized Designees:

Name & Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name & Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name & Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

I certify that I have read this form and that I understand and accept its content as of this date.

\_\_\_\_\_  
**Sign Name**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

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### List of Current Medications

Medication Name (Brand & Generic)	Dosage	Frequency	Purpose	Date Began	Prescribing Doctor

List all tablets, patches, drops, ointments, injections, etc. including prescriptions, over-the-counter, herbal, vitamin, and diet supplements. Please include any medicine you take only on occasion.

Patient Name: \_\_\_\_\_

Reviewed By: \_\_\_\_\_