

## PATIENT INFORMATION SHEET

Welcome to Florida Hand Therapy. We apologize for the inconvenience of paperwork, but assure you that it is only on your first visit, unless any changes are made in the future. If you need any assistance please let the receptionist know.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

If minor, Parents Name & Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

Home Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Business Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Who referred you to our practice? \_\_\_\_\_

Is this the result of a Motor Vehicle Accident? \_\_\_\_\_ Work Injury? \_\_\_\_\_

If work related: Date of Injury \_\_\_\_\_ Claim # \_\_\_\_\_ Case Manager \_\_\_\_\_

Are you currently working?  yes  no Marital Status:  married  single  divorced  separated

Referring Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Primary Insurance:** \_\_\_\_\_ **Secondary Insurance:** \_\_\_\_\_

Is there a pending litigation due to the illness/injury?  no  yes → If yes,

**Legal Information:** \_\_\_\_\_

Have you had Home Health Care Services in the past 60 days? \_\_\_\_\_

### INSURANCE AUTHORIZATION AND ASSIGNMENT

I HEREBY AUTHORIZE PAYMENT FROM MY INSURANCE COMPANY FOR SERVICES RENDERED TO BE SENT DIRECTLY TO FLORIDA HAND THERAPY AND REHABILITATION. I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY AMOUNT NOT COVERED BY INSURANCE. I ALSO AUTHORIZE THE RELEASE OF MEDIAL INFORMATION TO MY INSURANCE COMPANY, AND/OR MY PERSONAL ATTORNEY, \_\_\_\_\_ CONCERNING MY TREATMENT, AND THE RELEASE OF MY MEDICAL RECORDS TO ANY PHYSICIAN OR FACILITY TO WHOM I AM REFERRED.

#### **PLEASE NOTE:**

ALL CHARGES ARE PAYABLE AT THE TIME OF SERVICE. CHARGES FOR PROFESSIONAL SERVICES ARE THE RESPONSIBILITY OF THE PATIENT REGARDLESS OF INSURANCE COVERAGE.

AN ADMINISTRATIVE FEE OF \$20 WILL BE CHARGED FOR ALL RETURNED CHECKS.

THERE WILL BE A \$20 CHARGE FOR ALL CANCELLATIONS THAT ARE GIVEN LESS THAN 24 HOURS NOTICE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_