

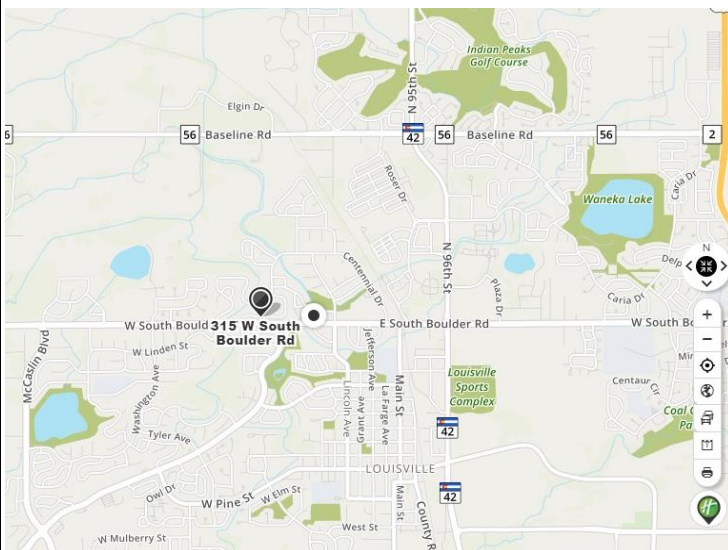
# Coal Creek Physical Therapy



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www.coalcreekpt.com | coalcreekpt@gmail.com

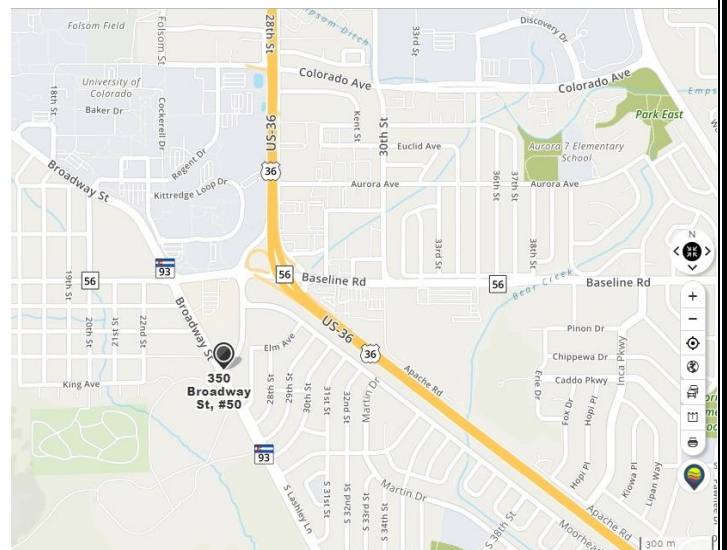
## Welcome to Coal Creek Physical Therapy!

Thank you for choosing us as your physical therapy provider. We have enclosed our New Patient Intake Packet. Please fill out the forms, front and back, and bring them with you to your first visit. If you have any questions, we will be more than happy to answer them. **Please allow 10-15 minutes for check-in before your appointment time.** We are looking forward to meeting you and helping you get back to feeling better and living a life you love!



### LOUISVILLE LOCATION

315 W. SOUTH BOULDER ROAD  
#100 + #209 | LOUISVILLE, CO | 80027



### BOULDER LOCATION

350 BROADWAY STREET  
#50 | BOULDER, CO | 80305

## WELCOME TO COAL CREEK PHYSICAL THERAPY!

Thank you for selecting our healthcare team at Coal Creek Physical Therapy. **Please fill out this form completely.** Please ask a front desk staff member if you have any questions or need help. **IF YOU ARE A RETURNING PATIENT, PLEASE INFORM US OF ANY CHANGES TO YOUR INFORMATION OR INSURANCE.**

### Patient Information

Full Name: \_\_\_\_\_ Goes By: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M/F

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

Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

SS#: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Referring Physician Name: \_\_\_\_\_ Primary Care Provider: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

### Employer Information

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

Employer Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Brief Medical History

Reason for your visit today: \_\_\_\_\_

Any other complaints you'd like to discuss? \_\_\_\_\_

Current Prescription Medications \_\_\_\_\_ Prescribing MD \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*If your medications exceed the space provided, please ask the front desk staff for an extra Medications list form.

Known Allergies: \_\_\_\_\_

\_\_\_\_\_

### Acknowledgement of Receipt of Notice of Privacy Practice

I have received the Notice of Privacy Practices from Coal Creek Physical Therapy, either in electronic form at coalcreekpt.com under Forms > Privacy Policy, or in paper form in our office.

Signature X \_\_\_\_\_ Date: \_\_\_\_\_

### General Request for Consent to Physical Therapy Treatment

By signing below, I am hereby requesting and consenting to a physical therapy evaluation and treatment to be performed by a physical therapist, therapist's designees, or assistants.

Signature X \_\_\_\_\_ Date: \_\_\_\_\_



**Claims:**

I authorize Coal Creek Physical Therapy the right to submit both electronic and/or paper claims for all dates of service.

Signature X \_\_\_\_\_ Date: \_\_\_\_\_

**Message Release & Appointment Reminders:**

1. I would like Coal Creek Physical Therapy to send me automated appointment reminders via:

\_\_\_\_Email and: \_\_\_\_Text Message **OR** \_\_\_\_Voice Call

*\*Please note that when you receive an appointment reminder, it means that you are scheduled in our system. If you believe the appointment is an error, please CALL us ASAP to confirm. If you do not show up to the appointment and have not called, you will be charged a fee as listed below.*

2. I authorize Coal Creek Physical Therapy to leave messages which may contain personal health

Information on this Phone#: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Signature X \_\_\_\_\_ Date: \_\_\_\_\_

**Late Cancellations and Missed Appointments:**

We may have patients waiting for your appointment time and your courtesy phone call allows us to schedule them. We require **24 hours advance** notice to cancel your PT appointment and **48 hours** for an EMG or Ultrasound appointment. We have a 24-hour answering service on which to leave a message. If we do not receive this notice you will be charged **\$65.00 for a 30 minute appointment, \$95.00 for a 45 minute appointment, \$130.00 for a 60 minute appointment and \$195 for a 90 minute appointment.** We provide appointment reminders as a courtesy. Should you not receive a reminder and miss an appointment, you are still responsible for the above fees. This charge is **NOT** covered by or billed to your insurance and must be paid before your next scheduled appointment. Weather, illness, or emergency do not apply. Your signature indicates that you understand our policy.

Signature X \_\_\_\_\_ Date: \_\_\_\_\_

**Supplies and Equipment**

I understand that Coal Creek Physical Therapy does not have a contract with my insurance company to provide supplies, orthotics, braces, equipment, or any durable medical goods. Since my insurance will not be billed, I agree to pay for these at the time of service.

Signature X \_\_\_\_\_ Date: \_\_\_\_\_

**Release of Information**

I **do/do not** (please circle one) authorize Coal Creek Physical Therapy to release/obtain my medical records, x-rays, or reports to/from \_\_\_\_\_ (physician's name) pertaining to my treatment.

Signature X \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for taking the time to fill out this form! Please return it to the front desk staff.**