



**CIBOLO CREEK
PHYSICAL THERAPY**

6032 FM 3009 #130 Schertz, TX 78154
PHONE 210.781.4810 FAX 210.314.1145

Patient Information

Name _____ Sex _____ DOB _____

SSN _____ Marital Status _____

Cell Phone _____ Work/Other _____ Home _____

How would you like to receive appointment reminders? Voicemail Text Not at all Phone number to use: _____

Address _____ City _____ Zip _____

Email _____

Employer: _____

Emergency Contact _____ Emergency Contact Phone _____

Referring Physician _____

Primary Care Physician _____ Phone: _____

Do you currently receive Home Health? Y / N Agency: _____

Have you received Home Health in the past? Y / N Agency: _____ Discharge Date: _____

Is your visit today due to an accident? Y / N Type of Accident: Auto Work Other _____

If your visit is due to an accident at work, please notify the front desk. _____

Have you received treatment here before? Y / N _____

Primary Insurance: _____ Secondary Insurance: _____ Please present all insurance information to front desk

CONSENT FOR CARE AND TREATMENT

I give my consent for Cibolo Creek Physical Therapy to furnish _____ medical care and treatment considered necessary and proper in diagnosing or treating my/the patient's physical conditions.
Initial _____

AUTHORIZATION TO RELEASE INFORMATION

I authorize the release of any records/information, verbal or written, including papers, photographs, forms, and other records pertinent to my case to any insurance company, adjuster, medical case manager, employer, physician or other medical entity or attorney involved in the case.
Initial _____

FINANCIALLY RESPONSIBLE PARTY (IF SOMEONE OTHER THAN THE PATIENT)

If the financially responsible party is someone other than the patient, please provide his/her information here:

Name _____ Date of Birth _____ Relationship to Patient _____

FINANCIAL POLICY

Payment is due at the time of your appointment. If you prefer to delay payment until after your insurance has processed your claims, you must fill out a CREDIT CARD ON FILE FORM, available through the front office. Your credit card will then be charged after we receive the Explanation of Benefits for each claim from your Insurance Carrier.

It is your responsibility to know your insurance plan benefits. Cibolo Creek Physical Therapy will not accept responsibility for any incorrect information quoted by your insurance carrier regarding your benefits. Claims will be submitted to your insurance company and any remainder due at that time will be billed to the financially responsible party. If your insurance carrier does not remit payment within 90 days of clean claim submission, the balance will be due in full from you. If an insurance payment is made directly to you for services billed by us, you recognize an obligation to submit payment to Cibolo Creek Physical Therapy.

If your balance becomes 90 days past due, and we have not heard from you, your account will be turned over to collections. In addition, a \$50 collection fee will be added to the balance.

Any payment made to Cibolo Creek Physical Therapy must be approved, which applies to checks and checking cards. If a check is dishonored or returned for any reason, Cibolo Creek Physical Therapy may electronically debit your account for the amount of the check plus a processing fee up to the state maximum legal limit (plus any applicable sales tax). In accordance with the rules of the National Automated Clearing House Association, you may call (888) 235-4635 to revoke authorization for the electronic transaction. This does not, however, mean that Cibolo Creek Physical Therapy cannot collect returned payments by other methods.

I understand all the information above and agree to abide by the requests made. I understand and agree that if I fail to make any of the payments for which I am responsible in a timely manner, I will be responsible for all costs of collecting monies owed, including court costs, collection agency fees, and attorney fees.

Signature of Financially Responsible Party Date

Cibolo Creek Physical Therapy Representative Date

ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY PRACTICES *(You may refuse to sign this acknowledgement)*

In order to treat you, we may need to share your information with your doctor, your insurance company, etc. This will allow us to receive payment for the care we provide. The situations in which we are allowed to release your information are outlined in the Notice of Privacy Practices. These terms are subject to change as law changes, however, we will keep a current copy posted in our office, and copies available for request.

To certify that you have received and understood our notice of privacy practices, please sign below.

I, _____ have received a copy of the Notice of Privacy Practices from this facility.

Patient Signature Date

YOU ARE ENTITLED TO A COPY OF THE NOTICE OF PRIVACY PRACTICES AND THIS RECEIPT AFTER SIGNING

MEDICAL HISTORY

NAME _____

PLEASE LIST ALL CURRENT MEDICATIONS	DOSAGE	TAKEN FOR?	HOW TAKEN?

PLEASE LIST PREVIOUS SURGERIES	YEAR

IMPORTANT:

Do you have a pacemaker? _____ If you answered "YES," please alert the front desk.

Do you have any allergies? (Ex: food, drugs, seasonal) _____

Cancer? _____



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Cibolo Creek Physical Therapy strives to provide each patient with the highest quality of care while attempting to accommodate your schedule for your convenience. Your consistent attendance of the planned treatment regimen is paramount to your full recovery.

While we are sensitive to the fact that an emergency may occur in a rare instance, we must ask for your full cooperation with the following policy:

1. If you are more than 30 minutes late for your appointment and fail to notify us, treatment may be cancelled.
2. A scheduled appointment must be cancelled 24 hours in advance or a fee of \$25 will be charged, due at your next appointment.
3. All cancellations and no-shows will be documented in your medical record and appropriately reported to your physician and insurance carrier, which may affect whether your insurance pays for your other visits.
4. Failure to comply with this Attendance Policy will result in your name being placed on a "Schedule Based on Availability" list. This will require you to call for an open appointment on each day you would like to attend therapy. We will do everything possible to accommodate you, as space on the schedule permits.

We believe that this policy is necessary for the benefit of all our patients, so that we may continue to provide high quality treatment to our valued patients.

I have read and understand the above Attendance Policy

Name

Date

Beck's Depression Inventory

This depression inventory can be self-scored. The scoring scale is at the end of the questionnaire.

1.
 - 0 I do not feel sad.
 - 1 I feel sad
 - 2 I am sad all the time and I can't snap out of it.
 - 3 I am so sad and unhappy that I can't stand it.
2.
 - 0 I am not particularly discouraged about the future.
 - 1 I feel discouraged about the future.
 - 2 I feel I have nothing to look forward to.
 - 3 I feel the future is hopeless and that things cannot improve.
3.
 - 0 I do not feel like a failure.
 - 1 I feel I have failed more than the average person.
 - 2 As I look back on my life, all I can see is a lot of failures.
 - 3 I feel I am a complete failure as a person.
4.
 - 0 I get as much satisfaction out of things as I used to.
 - 1 I don't enjoy things the way I used to.
 - 2 I don't get real satisfaction out of anything anymore.
 - 3 I am dissatisfied or bored with everything.
5.
 - 0 I don't feel particularly guilty
 - 1 I feel guilty a good part of the time.
 - 2 I feel quite guilty most of the time.
 - 3 I feel guilty all of the time.
6.
 - 0 I don't feel I am being punished.
 - 1 I feel I may be punished.
 - 2 I expect to be punished.
 - 3 I feel I am being punished.
7.
 - 0 I don't feel disappointed in myself.
 - 1 I am disappointed in myself.
 - 2 I am disgusted with myself.
 - 3 I hate myself.
8.
 - 0 I don't feel I am any worse than anybody else.
 - 1 I am critical of myself for my weaknesses or mistakes.
 - 2 I blame myself all the time for my faults.
 - 3 I blame myself for everything bad that happens.
9.
 - 0 I don't have any thoughts of killing myself.
 - 1 I have thoughts of killing myself, but I would not carry them out.
 - 2 I would like to kill myself.
 - 3 I would kill myself if I had the chance.
10.
 - 0 I don't cry any more than usual.
 - 1 I cry more now than I used to.
 - 2 I cry all the time now.
 - 3 I used to be able to cry, but now I can't cry even though I want to.

- 11.
- 0 I am no more irritated by things than I ever was.
 - 1 I am slightly more irritated now than usual.
 - 2 I am quite annoyed or irritated a good deal of the time.
 - 3 I feel irritated all the time.
- 12.
- 0 I have not lost interest in other people.
 - 1 I am less interested in other people than I used to be.
 - 2 I have lost most of my interest in other people.
 - 3 I have lost all of my interest in other people.
- 13.
- 0 I make decisions about as well as I ever could.
 - 1 I put off making decisions more than I used to.
 - 2 I have greater difficulty in making decisions more than I used to.
 - 3 I can't make decisions at all anymore.
- 14.
- 0 I don't feel that I look any worse than I used to.
 - 1 I am worried that I am looking old or unattractive.
 - 2 I feel there are permanent changes in my appearance that make me look unattractive
 - 3 I believe that I look ugly.
- 15.
- 0 I can work about as well as before.
 - 1 It takes an extra effort to get started at doing something.
 - 2 I have to push myself very hard to do anything.
 - 3 I can't do any work at all.
- 16.
- 0 I can sleep as well as usual.
 - 1 I don't sleep as well as I used to.
 - 2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
 - 3 I wake up several hours earlier than I used to and cannot get back to sleep.
- 17.
- 0 I don't get more tired than usual.
 - 1 I get tired more easily than I used to.
 - 2 I get tired from doing almost anything.
 - 3 I am too tired to do anything.
- 18.
- 0 My appetite is no worse than usual.
 - 1 My appetite is not as good as it used to be.
 - 2 My appetite is much worse now.
 - 3 I have no appetite at all anymore.
- 19.
- 0 I haven't lost much weight, if any, lately.
 - 1 I have lost more than five pounds.
 - 2 I have lost more than ten pounds.
 - 3 I have lost more than fifteen pounds.

- 20.
- 0 I am no more worried about my health than usual.
 - 1 I am worried about physical problems like aches, pains, upset stomach, or constipation.
 - 2 I am very worried about physical problems and it's hard to think of much else.
 - 3 I am so worried about my physical problems that I cannot think of anything else.
- 21.
- 0 I have not noticed any recent change in my interest in sex.
 - 1 I am less interested in sex than I used to be.
 - 2 I have almost no interest in sex.
 - 3 I have lost interest in sex completely.

INTERPRETING THE BECK DEPRESSION INVENTORY

Now that you have completed the questionnaire, add up the score for each of the twenty-one questions by counting the number to the right of each question you marked. The highest possible total for the whole test would be sixty-three. This would mean you circled number three on all twenty-one questions. Since the lowest possible score for each question is zero, the lowest possible score for the test would be zero. This would mean you circles zero on each question. You can evaluate your depression according to the Table below.

Total Score _____ Levels of Depression

1-10 _____	These ups and downs are considered normal
11-16 _____	Mild mood disturbance
17-20 _____	Borderline clinical depression
21-30 _____	Moderate depression
31-40 _____	Severe depression
over 40 _____	Extreme depression

http://www.med.navy.mil/sites/NMCP2/PatientServices/SleepClinicLab/Documents/Beck_Depression_Inventory.pdf
