

Welcome to Frederick Health Physical Therapy & Sports Rehab, offering Physical Therapy, Occupational Therapy, Speech Therapy, Pelvic Health Therapy, Lymphedema & Aquatic Therapy for both adults and pediatrics. Through evaluation and individualized treatment planning, our therapists will help you reach your rehabilitation goals and achieve your full potential. **You are the most important member of the treatment team!**

- ◆ To achieve the maximum benefits from your program, you must be an active participant in your program, and we ask that you attend all scheduled sessions.
- ◆ For ease of your treatment, please bring or wear loose comfortable clothing, bathing suit, eye glasses, and/or hearing aids.
- ◆ Please make every effort to be on time for your appointment. Your therapist may need to shorten your visit if you are late to avoid inconveniencing patients who follow. If you are more than 15 minutes late, we reserve the right to reschedule your appointment.
- ◆ Please call our office when you must cancel a scheduled appointment. **Failure to cancel a scheduled appointment will be considered a no show. PLEASE NOTIFY US 24 HOURS IN ADVANCE IF YOU CAN NOT MAKE YOUR APPOINTMENT. After three (3) no shows or cancellations, you may be discharged and your doctor will be notified.** If this occurs, you will need to return to your doctor for a new prescription to resume therapy.
- ◆ If you suspect that you may have or have been diagnosed with a communicable/infectious disease such as shingles, pink eye, strep throat, frequent or infectious diarrhea (sometimes called “C diff”), call the clinic prior to your appointment to discuss the appropriateness of your attendance with your therapist.
- ◆ Our staff makes every effort to make your treatment here a positive experience. To better assist you with the coordination of therapy as ordered by your physician, **we encourage you to know your outpatient therapy benefits.** Please take the time to review your benefit handbook or contact member services located on your member ID card.
- ◆ It is your responsibility to notify us of any changes in your insurance policy. Failure to provide accurate/updated information may result in denial of coverage and you will assume financial responsibility.
- ◆ Please have family members and friends, unless a part of therapy, wait in the lobby. An adult **must** accompany children under 10 who are waiting in the lobby.
- ◆ **Co-payments are due at the time service is rendered and can be made at the registration desk.**

I Expect From My Therapist:

- _____
- _____
- _____

*Our Goal Is To Provide
Excellent Service
To You*

Your feedback is very important in determining the effectiveness of your treatment. If you have questions, concerns or complaints, please discuss them with your therapist so adjustments can be made. We look forward to working with you.

Patient signature

Date

Frederick Health Witness signature

Date



What Brought You To Frederick Health Physical Therapy & Sports Rehab?

- A family member or friend told me about Frederick Health Physical Therapy & Sports Rehab
 - I saw a flyer for Frederick Health Physical Therapy & Sports Rehab Services
 - I read a Frederick Health Physical Therapy & Sports Rehab article in *Frederick's Child Magazine*
 - I saw Frederick Health Physical Therapy & Sports Rehab information at Health Unlimited Family Fitness
 - I heard about Frederick Health Physical Therapy & Sports Rehab on the radio
 - I attended a Frederick Health Physical Therapy & Sports Rehab seminar/event
 - I found you online:
 - Frederick Health Website
 - Google Search
 - Frederick Health Social Media
 - My Insurance recommended Frederick Health Physical Therapy & Sports Rehab
 - I was a previous patient
 - My Physician referred me
Physicians Name _____
 - Another source? Please let us know!
-

Thank you!

Lymphedema - PATIENT MEDICAL HISTORY

Name: _____ **Date:** _____

Are under the care of a Home Health Agency? _____ **Yes** _____ **No** _____

Where do you currently experience swelling / lymphedema?

Right Arm _____	Right leg _____	Head and Neck _____	Genitals _____
Left Arm _____	Left Leg _____	Chest _____	Other _____
Both Arms _____	Both Legs _____	Abdomen _____	

How long have you been diagnosed with swelling / lymphedema? _____

Was there a triggering event that caused swelling / lymphedema? _____

Please describe how and why your swelling / lymphedema developed? _____

Do you have any of the following?

Heart Disease _____	Hypertension _____	Asthma _____	Cellulitis _____
Kidney Disease _____	Osteoporosis _____	Cancer _____	Diabetes _____
Circulatory Disease _____	Diverticulitis _____	COPD _____	Crohn's _____
Difficulty Breathing _____	Depression _____	CHF _____	Stroke _____
Irregular Heart Beat _____	Skin Sensitivity _____	DVT _____	Pacemaker _____
Ob/Gyn Problems _____	Diverticulitis _____		

Please list surgeries with dates:

Mastectomy _____	Date _____	Sentinel Node Biopsy _____	Date _____
Lumpectomy _____	Date _____	Axillary Lymph Node Biopsy _____	Date _____
Abdominal Surgeries _____	Date _____	_____	Date _____

Have you had any of the following Medical or Rehabilitative Services for this swelling / lymphedema?

Radiation Treatment _____	Date _____	Chemotherapy _____	Date _____
Manual Lymph Drainage _____	Date _____	Lymphedema Exercise _____	Date _____
Compression Pump _____	Date _____	Compression Garments _____	Date _____

Please list your physicians:

Primary Care Physician _____	Oncologist _____
Radiation Physician _____	Plastic Surgeon _____
Surgeon _____	Ob / Gyn _____
Cardiologist _____	Urologist _____
Vascular Physician _____	Other _____

Please list allergies: _____

Patient/Guardian Signature: _____ Date: _____



