

East Valley Physical Therapy & Aquatic Rehabilitation
 217 South 63rd Street, #101
 Mesa, AZ 85206
 Voice: 480.981.0900 Fax: 480.981.0897

Patient Registration Form

Ins. Carrier:		Therapist:		Account#:
Name:		DOB:		Age:
Address:			City, ST, Zip Code:	
Home Phone:		Work Phone:		Cell:
Sex:	SSN:		Patient Marital Status:	
Permanent Address:			City, ST, Zip Code:	
Referring Physician:				
Reason for Today's visit?			E-mail address:	
Was this a job related or auto accident? Yes No			Date of Accident: / /	
Is patient being treated pregnant? Yes No			How did you hear of us?	

Emergency Contact Information

Name:	Phone:	Relationship:
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Insurance Information

Primary Ins.:		MemberID:		Group#:
Insured Name:		DOB:		Sex:
Insured Employer:		Insured SS #		
Employment Status: [] Employed [] Retired				
Secondary Ins.:		MemberID:		Sec. Group#:
Insured Name:		DOB:		Sex:
Employment Status: [] Employed [] Retired				

CELL PHONE USE IS NOT PERMITTED IN THE CLINIC

Authorization to Release Information: I hereby authorize **East Valley Physical Therapy & Aquatic Rehabilitation** to release medical information required in the course of my examination or treatment to the referring physician, «RefProviderFirstLastName».

Signature (required): _____ Date: _____

Authorization for Payment: I hereby authorize payment directly to the business of **East Valley Physical Therapy & Aquatic Rehabilitation** for the surgical and/or medical benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for the charges not covered by my insurance.

Signature (required): _____ Date: _____

GUIDELINES/RULES FOR EVPT AQUATIC REHABILITATION CENTER

Welcome to East Valley Physical Therapy’s Aquatic Rehabilitation Center. We appreciate your confidence in allowing us to assist in your rehabilitation and fitness needs. We hope that your time with us will be pleasant and we will do our best to meet your therapeutic needs and goals.

In order to maintain quality and efficiency we ask that you comply with the following:

1. Always check in at the Front Desk prior to entering the Aquatic Center.
2. Please shower prior to your aquatic therapy session. If you are unable to comply, we have showers and dressing rooms available. Please limit the amount of time in the dressing room and shower as there may be others waiting.
3. Avoid the use of oils. Lotions, or medicated creams prior to use of the aquatic center.
4. Please do not bring food or drink in the pool area.
5. Please respect the exercise areas of others so all may enjoy the benefits of aquatic therapy.
6. Be careful of wet surfaces. Walk slowly inside the pool area. Always use bars when entering or exiting the pool.
7. **INCONTINENT, CATHETERIZED, OR OSTOMY PATIENTS ARE PROHIBITED FROM USING THE POOL.**
8. Please use the restroom prior to entering the water.
9. **DO NOT ENTER THE POOL IF YOU HAVE ANY INFECTIONS, OPENWOUNDS, OR SORES.** If you have any questions, please check with a therapist.
10. For safety reasons, the pool area is restricted to patients and/or clients only.
11. Aquatic shoes are not to be worn directly from the street to the pool. Please carry them with you.
12. Please wear appropriate swimming attire for use of the pool. Please bring your own towel.
13. Lock all valuables in the lockers provided. We will not be responsible for lost or stolen items.
14. Patients or clients requiring assistance with dressing before or after using the pool **MUST** be accompanied by a caregiver who can provide assistance and bring with them any necessary adaptive dressing equipment. The caregiver should remain available within the facility in case of any unexpected problems that may occur during the aquatic session.

Thank you for your compliance.

Patient’s Signature (or guardian of a minor child)

Date