Date



BROSTROM PHYSICAL THERAPY SPINE AND EXTREMITY INSTITUTE OF SOUTH LYON, LLC

PATIENT INFORMATION

First I	Name:			MI:	_ Las	t Name:				
*Pho	ne : (home))		(cell)			(wo	rk)		
*From pertain number • Appor • Heal • Trea	n time to tin ning to appo ers where y pintment ti th insurand tment info	ne, it may be rointment time ou authorize to mes recoverage rmation	ecessary for the s, health insurar he Brostrom PT Home Phone Home Phone Home Phone Home Staff does not le	e Brostrom F nce coverag staff to leav	PT stare, or to e, or to e mes cell Ph cell Ph	ff to leave creatment ssages co none none none	e a detailed information ntaining th Wo Wo	I messag on. Pleas e specifi ork Phon ork Phon ork Phon	e on y se chec ed cor e e	our phone ck phone
_						-				
E-Mai	il Address:									
Sex:	M F	Date o	f Birth:	М	arital	Status:	m s	d	W	
Stude	ent Status	:	☐ Full-time	☐ Part-tir	ne	□ Not a :	Student			
Empl	oyment St	atus:	☐ Full-time	☐ Part-tir	ne	□ Unem	ployed	□Re	tired	
Prima	ary Care Pl	nysician (PCI	P):							
Emer Phone	gency Cone #:_ ointment ti	tact with Ph	none Number. Health insura	Name: Relationsh	nip:	□ Tı	reatment i	nformati	on	
insurar	nce coverag	e, and/or treati	ment information	n with (pleas	e chec	k appropr	iate boxes)	:		
				_ Relations	hip:					
⊔ Арр	ointment ti	mes	☐ Health insura	nce coverag	je		reatment ii	nformati	on	
			ostrom Physica							
10 be 1)			e <u>Medicare</u> as a m of in-home car				or in-home	PT\?	Yes	No
2)	Do you have employer?	e Group Healt (Note: if you h	th Coverage thro ave a retirement skip to question	ough you or y t plan throug	our sp	oouse's cu	rrent or for		Yes	No
2a)	If yes, are t	here 20 or moi	e employees wo	rking for the				age?	Yes	No
3)	A WCMSA	is a financial a	ompensation Se greement that al ure medical servio	locates a poi	_			ation	Yes	No
-			above informati n authorization o			-		-		-

Signature



Name:__

BROSTROM PHYSICAL THERAPY SPINE AND EXTREMITY INSTITUTE OF SOUTH LYON, LLC

HEALTH QUESTIONNAIRE -LUMBAR SPINE

	e you had ir o	1	2 3	4	5	6 7	8	9	10			
Hei	ght:	_feet	in	ches	Weight	t: lb)S					
Have you received treatment for this cond					dition befor	e? □ Yes		□ No)			
	a. If y	es, plea	ise list the ty	pes of do	ctors you ha	eve seen: _						
Hav	•	•	r geries for th ise list the nu				d:					
Wh	en did this	conditi	on begin? _		days a	go						
Are			r <mark>iption medi</mark> se indicate t			on? □ Yes	□ No					
		-	completed a our condition						_		_	
		-	back proble	m limit:	Yes, limite	ed a lot Y	es, limited	a little	No, not	limited at al	l I	
	ting overhea											
	mbing 1 fligh Ilking more t											
	ilking more t ilking severa											
	mbing severa											
	_	_		£-11		g activities in the last few days by circli						
	appropriat		•	TOIIOWIN			•	-				
Lumb	ar FOT	0			Unable to perform	Extreme difficulty	Quite a bi difficult		loderate lifficulty	A little bit of difficulty	No difficulty	
	ou having any k, housework		performing an ol activities?	y of your	1	2	3		4	5	6	
2. Are yo	ou having any	difficulty	performing yo	ur usual	1	2	3		4	5	6	
	recreational, on the contract of the contract		ig activities? performing he	avy								
			round your hor bending or sto		1	2	3		4	5	6	
			bending of sto	oping:	1	2	2		4	5	6	
- Arovo			lifting a bag of		_		3					
			lifting a bag of		1	2	3		4	5	6	
	from the floo					2	3	mited a				
groceries 6. Are yo activities	from the floo u having any o	r? difficulty ing, liftin	performing vig g heavy objects	orous	1	2 ted a lot	3	mited a		5	ited at all	
6. Are yo activities participat 7. Are yo activities	from the floo u having any o (such as runni ting in strenuc u having any o (such as movi	r? difficulty ing, liftin ous sport: difficulty ng a tabl	performing vig g heavy objects	orous s, or derate	1 Yes, limi	2 ted a lot	3			5 No, not lim	ited at all	
6. Are you activities participat 7. Are you activities cleaner, c 8. Are yo	u having any of (such as runnicing in strenucu having any of (such as movior playing golf u having any of the control of the c	r? difficulty ing, liftin ous sport: difficulty ng a tabl	performing vig g heavy objects s)? performing mo	orous s, or derate cuum	1 Yes, limi	2 ted a lot	3	2		No, not lim	ited at all	
6. Are yo activities participat 7. Are yo activities cleaner, c 8. Are yo groceries	from the floo u having any of (such as runni- ting in strenuc u having any of (such as movi- or playing golf u having any of the floor	r? difficulty ing, liftin ous sport: difficulty ng a tabl)? difficulty	performing vig g heavy objects s)? performing mo e, pushing a va	orous s, or derate cuum	1 Yes, limi 1	2 ted a lot	3	2		5 No, not lim 3	ited at all	
6. Are yo activities participat 7. Are yo activities cleaner, c 8. Are yo groceries 9. Are yo cultural e 10. Are y	from the floo u having any of (such as runni- ting in strenuc u having any of (such as movi- or playing golf u having any of u having any of vents? ou having any	r? difficulty ing, liftin ous sport: difficulty ng a tabl)? difficulty	performing vig g heavy objects s)? performing mo e, pushing a va lifting or carryi	orous s, or derate cuum ng	1 Yes, limi	2 ted a lot	3	2 2 2		5 No, not lim 3 3	ited at all	
6. Are yo activities participat 7. Are yo activities cleaner, c 8. Are yo groceries 9. Are yo cultural e	from the floo u having any of (such as runni- cing in strenuc u having any of or playing golf u having any of u having any of vents? ou having any r?	difficulty ing, liftin ous sport: difficulty ng a tabl)? difficulty difficulty	performing vig g heavy objects s)? performing mo e, pushing a va lifting or carryi	orous s, or derate cuum ng al or nd out of	1 Yes, limi 1 1 1 1 1	2 ted a lot	3 Yes, li	2 2 2 2	little	No, not lim 3 3 3 3	ited at all	
6. Are yo activities participat 7. Are yo activities cleaner, c 8. Are yo groceries 9. Are yo cultural e 10. Are y	from the floo u having any of (such as runni- cing in strenuc u having any of or playing golf u having any of u having any of vents? ou having any r?	difficulty ing, liftin ous sport: difficulty ng a tabl)? difficulty difficulty	performing vig g heavy objects s)? performing mo e, pushing a va lifting or carryi attending socia y getting into a	orous s, or derate cuum ng al or nd out of	1 Yes, limi 1 1 1 1 1	2 ted a lot	3 Yes, li	2 2 2 2 2	little	No, not lim 3 3 3 3	ited at all	
groceries 6. Are yo activities participat 7. Are yo activities cleaner, c 8. Are yo groceries 9. Are yo cultural e 10. Are y your chair	from the floo u having any of (such as runni ting in strenuc u having any of (such as movi or playing golf u having any of the vents? ou having any ovents? ou having any ovents? The FS Score O	difficulty ing, liftin ous sport: difficulty ng a tabl)? difficulty difficulty difficulty v difficult	performing vig g heavy objects s)? performing mo e, pushing a va lifting or carryi attending social y getting into a st Use On FS Score	orous s, or derate cuum ng al or nd out of y Sum 22	1 Yes, limit 1 1 1 1 1 FS Score 39	2 ted a lot	FS Score 50	2 2 2 2 2 Score =	= % FS Score 60	No, not lim 3 3 3 Initials:	FS Score	
groceries 6. Are yo activities participat 7. Are yo activities cleaner, c 8. Are yo groceries 9. Are yo cultural e 10. Are y your chair	from the floo u having any of (such as runnicing in strenuc) u having any of (such as movior playing golf u having any of vents? u having any of vents? ou having any of vents? The FS Score 0 10	difficulty ing, liftin ous sport: difficulty ng a tabl)? difficulty difficulty difficulty v difficult rerapi Sum 16 17	performing vig g heavy objects s)? performing mo e, pushing a va lifting or carryi attending social y getting into a st Use On FS Score	orous s, or derate cuum ng al or nd out of y Sum 22 23	1 Yes, limit 1 1 1 1 1 FS Score 39 41	2 ted a lot Sum = Sum 28 29	FS Score 50 51	2 2 2 2 2 Score = Sum 34 35	= % FS Score 60 62	5 No, not lim 3 3 3 Initials: Sum 40 41	FS Score 74 78	
groceries 6. Are yo activities participat 7. Are yo activities cleaner, c 8. Are yo groceries 9. Are yo cultural e 10. Are y your chair	from the floo u having any of (such as runni ting in strenuc u having any of (such as movi or playing golf u having any of the vents? ou having any ovents? ou having any ovents? The FS Score O	difficulty ing, liftin ous sport: difficulty ng a tabl)? difficulty difficulty difficulty v difficult	performing vig g heavy objects s)? performing mo e, pushing a va lifting or carryi attending social y getting into a st Use On FS Score 28 31 32	orous s, or derate cuum ng al or nd out of y Sum 22	1 Yes, limit 1 1 1 1 1 1 FS Score 39 41 43	2 ted a lot Sum = Sum 28 29 30	FS Score 50 51 53	2 2 2 2 2 Score = Sum 34 35 36	= % FS Score 60	5 No, not lim 3 3 3 Initials: Sum 40 41 42	FS Score	
groceries 6. Are yo activities participat 7. Are yo activities cleaner, c 8. Are yo groceries 9. Are yo cultural e 10. Are y your chair	from the floo u having any of (such as runni ting in strenuc u having any of (such as movi or playing golf u having any of the vents? ou having any or r? Th FS Score 0 10 16	difficulty ing, liftin ous sport: difficulty ng a tabl)? difficulty difficulty difficulty difficulty v difficult	performing vig g heavy objects s)? performing mo e, pushing a va lifting or carryi attending social y getting into a st Use On FS Score	orous s, or derate cuum ng al or nd out of Sum 22 23 24	1 Yes, limit 1 1 1 1 1 FS Score 39 41	2 ted a lot Sum = Sum 28 29	FS Score 50 51	2 2 2 2 2 Score = Sum 34 35	= % FS Score 60 62 64	5 No, not lim 3 3 3 Initials: Sum 40 41	FS Score 74 78 81	



BROSTROM PHYSICAL THERAPY SPINE AND EXTREMITY INSTITUTE OF SOUTH LYON, LLC

Today, because of your back proble of stairs (about 20 stairs)? Unable		u or wo	uld yo		iculty going up o	r down 2 flights tle bit			
Have you had 2 or more falls <u>or</u> a fa		-		•					
Do you find that your employment	duties ar	e restric	ted b	y your current c	ondition? 🗆 Yes	□ No			
PHQ-2: Over the two weeks, how o		-		•					
Little interest or pleasure in doing thin		Not at All 0	56	everal Days Mor	e than Half the Days 2	Nearly Every Day 3			
Feeling down, depressed, or hopeless	_	0		1	2	3			
Have you been previously diagnose		nressio	n or h			3			
Please review the following list of I		•		•		n the line			
provided directly to the left of the	-		-	<u>-</u>	•				
Arthritis					eds 🗆 lotions/scents				
Osteoporosis	(list)			
Asthma				Disease (ulcer, her	nia, reflux, bowel, li	ver, gall bladder)			
COPD, ARDS, emphysema					oma, macular dege				
Angina (chest pain)					earing, even with h				
Heart disease					, DDD, spinal steno	sis)			
Heart attack		, -		prostate, or urinat	ion problems				
High blood pressure		evious ad							
Neurological disease		_ Incontinence/bowel or bladder changes _ Anxiety or panic disorders _ Hepatitis, tuberculosis, or other blood-borne condition							
Stroke or TIA									
Pacemaker				ulosis, or other blo	oa-porne conditior	1			
Seizures Peripheral Vascular Disease		ior surge osthesis/		atc					
Headaches		ncer	iiiipiai	11.5					
Diabetes Type I or II		zziness							
Sleep dysfunction			d wei	aht change					
Shortness of breath		Unexplained weight change Numbness or tingling							
Nausea/Vomiting		her (list:	or emig	gg)			
Please provide a list of all <u>current</u> n		,	table	a below Dlami	not currently taking	any medications			
Medication Name	Tealcación	13 111 (110	· cabi			·			
including prescription, over-the-counter, herba and dietary supplements)	, vitamin,	Dosa	ge	Frequency		e Taken injection, inhaler, etc.)			
Please list all surgeries, recent hos	oitalizatio	ns. and	perti	nent past medic	al history related	d to the			
condition for which you are seeking		-	P 0. c.	paseca		2 10 1			
urgery(ies):	Date:		Surgery(ies):			Date:			
ecent Hospitalization(s):		Date:							
ertinent Past Medical History:									
,									
By signing, I authorize that the abo	ve inform	nation is	accu	rate and comple	ete to the best of	my knowledge.			
					_	,			
C:									
Signature					Date				



BROSTROM PHYSICAL THERAPY

SPINE AND EXTREMITY INSTITUTE OF SOUTH LYON, LLC

PATIENT POLICIES

If you are completing the forms via the Internet: Please open the "Patient Policies Packet" and read the enclosed information regarding your Bill of Rights, Brostrom Physical Therapy's HIPAA Private Policy Statement, Consent to Treatment, Financial Policy, and Cancellation and No-Show Policy. Once complete, initial in the corresponding boxes below to reflect your acceptance to comply with these Policies. Please note that it is <u>not</u> necessary to print the Patient Policies Packet unless you desire a personal copy.

If you are completing the forms in-office: Please read the attached Patient Policies Packet regarding your Bill of Rights, Brostrom Physical Therapy's HIPAA Private Policy Statement, Consent to Treatment, Financial Policy, and Cancellation and No-Show Policy. Once complete, initial in the corresponding boxes below to reflect your acceptance to comply with these Policies.

Note: A parent or legal guardian must initial each of the boxes below if you are under the age of eighteen (18).

Initial:	COVID-19 Symptom Verification:								
	I understand and will comply with BPT's request to cancel and/or reschedule my appointment(s) if I								
	develop a fever (100.4°F), uncontrolled cough, or atypical new onset of shortness of breath, or at least								
	two of the following not explained by a known physical condition: loss of taste or smell, muscle aches,								
	sore throat, severe headache, diarrhea, vomiting, or abdominal pain.								
Initial:	Client Bill of Rights:								
	I have read The Client Bill of Rights and agree to maintain by its standards.								
Initial:	HIPAA Private Policy Statement:								
	I have been given the opportunity to read the <i>detailed</i> private policy statement. I understand this information								
	and agree to comply with the policies set forth in the <i>detailed</i> disclosure policy.								
Initial:	Consent to Treatment:								
	I give my consent for treatment and assignment of claim at Brostrom Physical Therapy.								
Initial:	Financial Policy:								
	I authorize that I have read and understand Brostrom Physical Therapy's financial policy. I understand I am								
	financially responsible for all charges for services rendered, including the balance remaining after all possible								
	insurance payments or benefits.								
Initial:	Cancellation and No-Show Policy:								
	I have read, understand, and agree to the Brostrom Physical Therapy Cancellation and No-Show Policy. It has								
	been explained to me and my questions have been answered to my satisfaction.								
	Desiration below the sale with a size one constant Desiration Division Theorem to see description of the sale with								
	By signing below, I hereby authorize my consent to Brostrom Physical Therapy to send appointment reminders								
	electronically via text message to my mobile phone or by e-mail. I understand that this service is offered free of								
	charge, but standard messaging rates from my mobile carrier may apply depending on my plan. I can withdraw my consent to electronic communications by calling Brostrom Physical Therapy at (248) 446-0155.								
	Thy consent to electronic commonications by canning brostrom r hysical Therapy at (240) 440-0155.								
	Please initial in the corresponding boxes to indicate your consent to receive electronic appointment reminders:								
	Text reminders Email reminders Decline electronic reminders								
Printed n	ame of Patient/Parent/Legal Guardian:								
	ame of Facility are not began countrien.								
Signature	e of Patient/Parent/Legal Guardian:								
Signatore	on acting areing Legal Godinani.								
5 .									