Welcome to Noonan Physical Therapy!

Thank you for choosing our clinic.
We know you have a choice of where you go.

How did you hear about our office? ____

Payment Authorization:
Verification of benefits is not a guarantee of payment. It is your responsibility to know your insurance benefits and/or limitations for therapy. Inform us immediately if your insurance coverage changes. Unless 100% of charges are reimbursed, you are responsible for the *deductible and/or coinsurance not covered by your insurance(s), which is due 30 days from receipt of your statement*.

Your co-pay is: $_________ per visit **Self-Pay:** $_________________

We will collect: $_________ per visit. *This amount may not be the final amount due. You will be responsible for the remaining balance after the claim(s) is processed by your insurance(s).*

Medicare covers 80% of the allowable charges; up to an annual limit of $2010.00. Your secondary insurance may cover the remaining balance, if not, it is your responsibility. If you do not have a secondary insurance**,** the remaining 20% is your responsibility, and you will be billed for the amount due.
In the event that it is necessary to place the account with a collection agency, an additional 40% of the principle balance due will be added. In addition, should legal action become necessary you will be responsible for attorney's fees, interest and court costs. If your account is placed with an agency for collection or an attorney for legal action a credit report will be pulled for the sole purpose of collecting the delinquent account. If there is a bounced check, there will be a $35 fee assessed to the amount of the check. If your insurance company reimburses payment directly to you, we request you promptly sign over said check to Noonan Physical Therapy & Associates and send it along with the explanation of benefits to NPTA.

Your therapist may suggest purchasing supplies for home exercises. Be advised that the supplies may not be covered by your insurance.

Automated Appointment Reminders:

Choose One:	☐ NPTA may send email messages. ______________________________ ☐ NPTA may send text messages. *Be aware standard text message rates may apply* Please ***Circle*** Mobile Phone Carrier: AT&T, Verizon, T-Mobile, Sprint, Other: (specify)_________ ☐ NPTA may call me for reminders. ☐ I decline appointment reminders.

Cancellation, No Show and Late Arrivals Policy

We reserve the right to charge a $40 fee for appointments cancelled or not attended without 24 hours advance notice. Additionally, if you are greater than 15 minutes late for your appointment this will be considered a cancellation. To cancel appointments, please call the office where you made your appointment. You may leave a detailed message on our voicemail and we will return your call to confirm your cancellation and your next appointment.

By signing below I confirm that I understand that it is my responsibility to know what my insurance benefits are as well as the cancellation policy. I hereby authorize NPTA to furnish my doctor(s), my insurance company(s), attorney, or legal representative all information which said parties may request concerning my present illness/injury.

____
Patient's Name / In Case of a Minor, Guardian's Name

____ ____________________________
Signature **Date**

PATIENT MEDICAL HISTORY

Patient Name: ___________________________________ Date of Injury: ___________ Date of Surgery: _____________

I. Please check if you have or have had any of the following cancers.
☐Prostate ☐Breast Cancer ☐Kidney ☐Thyroid ☐Lung ☐Skin Other _______________________

II. Please check if you have or have had any of the following conditions.
☐Heart problems (Angina, heart Attack, Valve)

☐Pace Maker
☐Deep venous thrombosis (blood clots in the legs)
☐High blood pressure
☐Stroke
☐Asthma
☐Hernia/Hernia Repair
☐Chemical dependency (eg., alcoholism)
☐Depression
☐Hypothyroid (low) / Hyperthyroid (high)
☐Diabetes: Before / After age 18
☐Multiple sclerosis
☐Rheumatoid arthritis

☐Degenerative osteoarthritis
☐Gout
☐Ankylosing spondylitis
☐Hepatitis
☐Stomach/duodenal ulcers
☐Epilepsy/seizures
☐Headaches (more than 1 per week)
☐Urinary incontinence
☐Osteoporosis
☐Currently Pregnant
☐Other illnesses diagnosed by a physician
Please list: ___________________________

III. Please check if you have had any of the following surgeries.
☐Caesarean section/Abdominal Surgery ☐Heart Surgery (bypass) ☐Bone/Joint Surgery (total joint replacement, knee, shoulder, or hip)
Other Surgeries: Please List ____

IV. Please list or provide a list of any medications you are currently taking. Include any supplements and/or any over the counter medications.

Name	Dosage	Reason (Heart, Diabetes, Pain, etc)

V. How many packs of cigarettes do you currently smoke each day on average? Please choose only ONE of the following:
☐Do not Smoke ☐Less than 1 pack per day ☐More than 1 pack per day

VI. How many cups of caffeinated beverage do you drink each day?
1 cup of coffee equals 1 cup 2 cups of tea equals 1 cup 3 cans of soda equals 1 cup.
☐Do not drink caffeine ☐1-2 Cups ☐3 Cups or more

VII. Do you have any allergies to Latex or Steroids? Latex: ☐Yes ☐No Steroids: ☐Yes ☐No

VIII. Have you fallen in the past 12 months? ☐Yes ☐No Date____________ - ☐Yes ☐No Date___________

IX. Personal health rating: Excellent☐ Very Good ☐ Good☐ Fair☐ Poor ☐

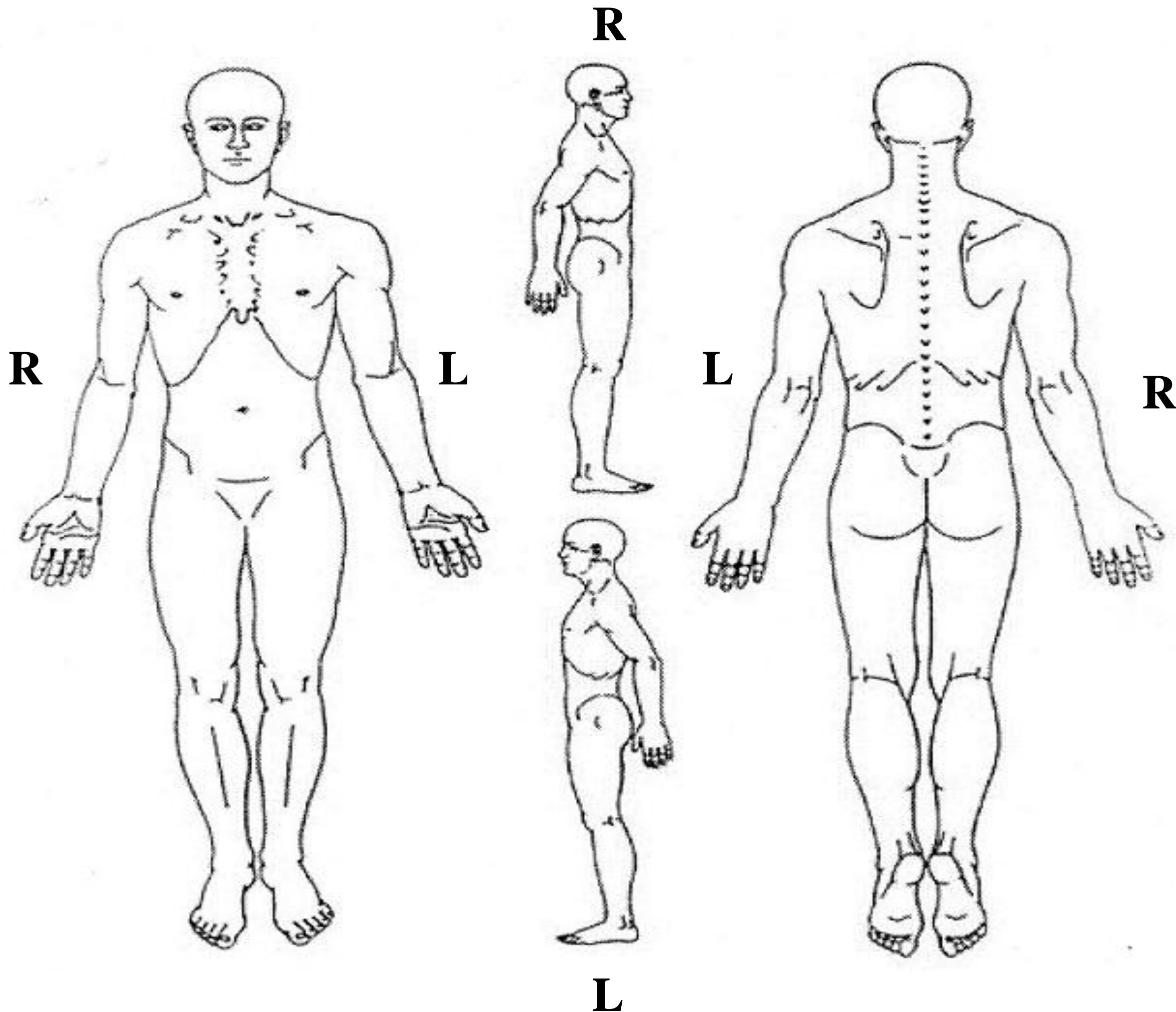
____ ________________

Patient's Signature / In Case of a Minor, Guardian's Signature **Date**
verifies that the above information is accurate

NOONAN PHYSICAL THERAPY & ASSOCIATES

PAIN SCALE

Please indicate below where your symptoms are located by shading in the areas(s)



Rate your pain (0=no pain, 10 = worst pain imaginable)

Right Now:	*No pain*	0	1	2	3	4	5	6	7	8	9	10	*Worst pain imaginable*
Worst in past week:	*No pain*	0	1	2	3	4	5	6	7	8	9	10	*Worst pain imaginable*
Best in past weeks:	*No pain*	0	1	2	3	4	5	6	7	8	9	10	*Worst pain imaginable*

Describe what kind of pain/symptoms you're having (ie: dull, achy, sharp, tingling, etc.)

____

____

Patient Name **Date**

Central	P (520) 885-4636	5956 E. Pima St., Suite 100 Tucson, AZ 85712	F (520) 885-4736
Southeast	P (520) 574-0200	7545 S. Houghton Rd., Suite 123 Tucson, AZ 85747	F (520) 574-1800
Northwest	P (520) 639-8122	5880 N. La Cholla Blvd., Suite 120 – Tucson, AZ 85741	F (520) 639-8124