



TEAM REHABILITATION PHYSICAL THERAPY

ADMISSION QUESTIONNAIRE

Date: _____ Name: _____ Age: _____

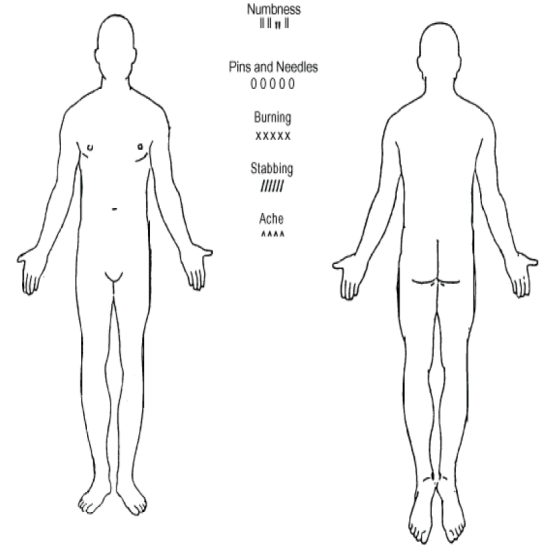
Medical History: (check all that apply)
Specific medical history will be asked on tablet questionnaire.

Seizures: _____ Dizziness/Vertigo: _____

Latex allergy: _____ Other: _____

Please describe when & how your pain/illness/injury began,
including any recent flare ups: _____

List of medications you are currently taking: _____



Change of Insurance:

I agree to inform Team Rehabilitation of any insurance changes that occur during my treatment. **Initial:** _____

Social Worker:

Team Rehabilitation offers patients the services of a social worker. There will never be a charge to the patient for speaking with the social worker. Some services referred by the social worker may have additional costs; the social worker will discuss these costs with you. The social worker can help with the following issues:

- Assistance with applying for benefits, eg Social Security or Medicaid
- Assistance with Worker's Compensation
- Transportation
- Programs for Seniors
- Chore Services
- Meals on wheels
- Therapy Counseling
- Psychosocial Assessment
- Psychiatric Services
- Other community or medical services

Would you like to speak to the social worker? **Yes** **No**

If you would like to speak to the social worker, how urgently do you need an appointment?

 Within 24 hours Within one week Not particularly urgent

Name: _____ Telephone number: _____

Best time to be contacted: _____ AM / PM

May we leave a message? Yes No

Patient's Signature: _____ **Date:** _____