

Pegasus Physical Therapy, P.C.
114 Parkway Drive South
Hauppauge, New York 11788
Phone: (631) 543-1614 Fax: (631) 543-1615

PATIENT CONSENT FORM

- I understand that Pegasus Physical Therapy, P.C. may use or disclose my personal health information for the purpose of carrying out treatment, obtaining payment, evaluating the quality of services provided, and any administrative operations related to treatment or payment.
- I hereby authorize the insurance carrier to pay directly to Pegasus Physical Therapy, P.C. benefits due to me out of indemnity under the terms of the policy issued by my insurance carrier.
- I hereby authorize Pegasus Physical Therapy, P.C. provider to mark the section “authorized person’s signature” with the notation “signature on file”
- I hereby give my consent for Pegasus Physical Therapy, P.C. to provide physical therapy services.
- I request that payment of authorized Medicare Benefits be made either to me or on my behalf to Pegasus Physical Therapy, P.C. for services furnished to me by the provider. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine the benefits payable for related services.

Patient’s Signature _____ **Date** _____

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MEDICAL HISTORY & SCREENING

First Name _____ Last Name _____

DOB _____ Social Security # _____ Marital Status _____

Address _____

City _____ State _____ Zip Code _____

Home # _____ Cell # _____ Email _____

Employer _____ Occupation _____

Complaint/Illness _____ Date of Onset _____

Describe Symptoms _____

Current Pain Level (Circle one) (0) 1 2 3 (4 5) 6 7 8 9 (10)
None Tolerable Extreme

What Aggravates Pain _____

What Lessens Pain _____

Do you exercise regularly? Yes No Frequency _____

Medical Problems (Circle all that apply) ASTHMA CANCER DIABETES

HEART DISEASE HIGH BLOOD PRESSURE HIGH CHOLESTEROL

OSTEOPOROSIS OSTEOARTHRITIS SEIZURES STROKE

OTHER _____

Surgical History (Procedure & Date) _____

Current Medications _____
