

# KIBBEY & TERLE PHYSICAL THERAPY, LLC

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DATE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ DO YOU LIVE ALONE? \_\_\_\_\_

WHAT OTHER MEDICAL PROBLEMS ARE YOU BEING TREATED FOR? \_\_\_\_\_

HAVE YOU HAD ANY OF THE FOLLOWING?

- |                      |   |   |
|----------------------|---|---|
| Cardiac problems     | Y | N |
| High blood pressure  | Y | N |
| Diabetes             | Y | N |
| Cancer               | Y | N |
| Circulation problems | Y | N |
| Lung problems        | Y | N |
| Broken bones         | Y | N |
| Surgery              | Y | N |
| Nerve problems       | Y | N |
| Anxiety/Depression   | Y | N |
| Recent weight loss   | Y | N |
| Allergies            | Y | N |
| Other                |   |   |

RISK ASSESSMENT (Optional):

- Ever smoke?    Now    Yes but quit    Never
- If a smoker now have you tried to quit?    Yes    No
- Are you happy with your current weight?    Yes    No
- Do you feel your current weight is ideal    too heavy    too light?
- Osteoporosis?    Yes    No

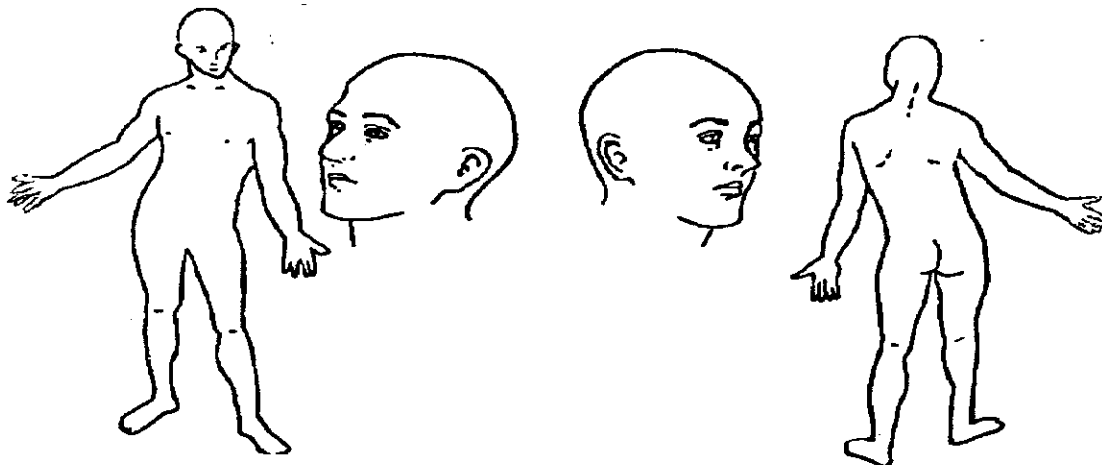
IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE EXPLAIN \_\_\_\_\_

BELOW LIST THE PROBLEMS OR FUNCTIONAL DIFFICULTIES YOU THINK YOU WERE REFERRED TO PT TO HELP CORRECT \_\_\_\_\_

WHEN DID THE PROBLEM(S) LISTED ABOVE START? \_\_\_\_\_

IF YOU HAVE PAIN OR DISCOMFORT, PLEASE RATE IT FOR US ON THE FOLLOWING SCALE AND INDICATE ITS LOCATION ON THE DIAGRAM BELOW:

NO PAIN	MINIMAL	MODERATE	INTENSE	EMERGENCY
0	1 2 3	4 5 6	7 8 9	10



INDICATE WITH LINES OR SHADING WHERE YOU FEEL ANY DISCOMFORT



**CARRYING**

\_\_\_\_\_ My ability to carry objects is limited by: [\_\_\_\_\_ pain] [\_\_\_\_\_ balance] [\_\_\_\_\_ hands not free due to use of cane/crutches/walker] [\_\_\_\_\_ weakness of arm, leg, back,]

I estimate the most weight I could a distance of 10 feet is \_\_\_\_\_ pounds.

**TRANSFERS/MOVEMENTS**

\_\_\_\_\_ Sit to stand or stand to sit

\_\_\_\_\_ Lying to sitting or sitting to lying

\_\_\_\_\_ Off/on the commode

\_\_\_\_\_ To/from bathtub or shower

\_\_\_\_\_ Wheelchair to/from regular chair

\_\_\_\_\_ Other? Explain \_\_\_\_\_

**DRESSING**

\_\_\_\_\_ Difficulty with buttons

\_\_\_\_\_ Tucking in shirt/blouse

\_\_\_\_\_ Fastening bra

\_\_\_\_\_ Putting on slacks standing

\_\_\_\_\_ Putting on slacks sitting

\_\_\_\_\_ Putting on socks/stockings

\_\_\_\_\_ Putting on shoes \_\_\_\_\_ Tying shoes

\_\_\_\_\_ Other? Explain \_\_\_\_\_

**HYGIENE**

\_\_\_\_\_ Bathing \_\_\_\_\_ Showering

\_\_\_\_\_ Washing, shaving, putting on deodorant on under affected arm

\_\_\_\_\_ Washing, shaving, putting on deodorant on under unaffected arm

\_\_\_\_\_ Combing/styling hair

\_\_\_\_\_ Toileting

\_\_\_\_\_ Other? Explain \_\_\_\_\_

**EATING**

- Using utensils to eat
- Cutting meat
- Chewing
- Swallowing
- Drinking
- Preparing food

**COMMUNICATION**

- Difficulty writing
- Using the telephone
- Difficulty reading

**DRIVING**

- Difficulty getting into/out of car
- Difficulty turning head to park or change lanes
- Pain while driving/riding in car

**HOUSEKEEPING**

- Vacuuming
- Doing laundry
- Washing dishes
- Washing floors
- Washing windows

**ANYTHING ELSE?** \_\_\_\_\_  
\_\_\_\_\_

(office use only)

ACCOUNT NUMBER

ACCOUNT TYPE

Patient's Name: First Initial Last				Sex: Circle M F		Spouse's Name	
Address: Number Street Apt # City				State		Zip Code	
Telephone Numbers: Indicate Preference by circling H, O, or C				Home Office Cell		Date of Birth Month/Day/Year	Age:
Employer Patient				Position		Employer Spouse	
Emergency Contact: Name				Relationship		Telephone Numbers: Residence Office	
Family Physician:				Referring Physician:			
<b>INSURANCE INFORMATION</b>							
Do you have Medicare Part B? Yes No (circle answers)				Medicare Number		Part B effective Date	
If yes is it Primary or Secondary? It is Primary Secondary							
Personal Insurance Company Information: Name of Company				If BCBS indicate location		ID number (include prefixes)	
Mailing Address (street #, City, State and Zip Code)				Group Number		Effective Date of Coverage	
Name of Policy Holder				Relationship to patient (circle response) Self Spouse Parent			

Kibbey & Terle PT, LLC does not process insurance claims and accept assignment for individuals covered by Worker's Compensation or Motor Vehicle Accidents. Individuals hurt on the job should seek care with a Provider willing to file claims on your behalf. Individuals injured due to a car accident are required to pay (at each visit) and collect reimbursement from their auto coverage. [As a courtesy we will file claims and provide notes on your behalf – you must complete a PIP application with your car insurance company.]

We require 24 hours notice (prior business day) when you will be unable to keep your appointment. Our late cancellation/no show fee is \$35.00. We have adopted this policy not as a penalty for missing an appointment but as an incentive to carefully choose your appointment times. We will do our best to work with your schedule and we make every effort to run on time. We ask that you be considerate to your therapist as well as other patients by arriving on time and keeping your appointments. A cancelled appointment is a scheduled appointment time another patient could have used.

**KIBBEY AND TERLE PHYSICAL THERAPY, LLC**  
**NOTICE OF PRIVACY PRACTICES**

**This notice describes how medical information can be used and disclosed and how you can get access to this information.** We respect your right to privacy at all times and have a legal obligation to protect information about you, known as "personal health information" (PHI). We have taken steps to insure that information concerning your treatment remains private, including having all members of our staff sign a confidentiality agreement. Furthermore, electronic transmission of claim information is via the most current version of software provided by our Medicare intermediary and complies with all HIPPA regulations.

**Your PHI is not made available to anyone without your prior written consent except in the following cases:**

- As needed to treat you (i.e., discussing your care with other health care providers/facilities involved in your case).
- As needed to get paid for services provided to you.
- If needed for disaster relief.
- As required by federal, state, or local law.
- As needed for health oversight activities including audits, civil, administrative or criminal investigations, licensure or disciplinary action, and monitoring of compliance with the law.
- If needed to resolve lawsuits and disputes as required by law or an order of a court or agency that is handling a dispute.
- If needed by law enforcement to prevent a serious and imminent threat to the health and safety of a particular person, for national security and intelligence, to identify suspects, fugitives or witnesses, or victims of crime, or to report crime on the premises.
- If required by command authorities in the case of military personnel or veterans.
- We may list your name (without any other personal information) in our patient directory.
- We may share information about you with family members involved in your care.

**You have a right to:**

- a copy of this notice
- to see and copy PHI about you. Your request must be in writing, and we may charge a fee to copy your record.
- request to receive confidential communications from us by alternative means or at an alternative location.
- request amendment of PHI about you. Your request must be in writing and include why you think the PHI is wrong. We may deny your request if we think the PHI is accurate. Even if we accept your request, we may not delete any information already in your record.
- ask us to restrict uses and disclosures of PHI about you. Your request must be in writing. We do not have to agree to your request. The law may not let us agree.
- a listing of the disclosures we have made. Your request must be in writing. The list will not include information about some disclosures, such as disclosures for treatment, payment or healthcare operations, or disclosures you authorized.

**You may file a complaint about our privacy practices.**

If you feel your privacy rights have been violated, you may file a complaint. Your complaint may be addressed to us at: KIBBEY & TERLE Physical Therapy, LLC – Privacy Officer, 5480 Wisconsin Avenue, Suite B-1, Chevy Chase, MD 20815 or you may file a complaint with the U.S. Department of Health and Human Services, 150 S. Independence Mall West Philadelphia, PA 19106-9111. There will be no retaliation by us for filing a complaint.

I have read and understand this notice \_\_\_\_\_ Date \_\_\_\_\_

**Parking for Kibbey & Terle PT, LLC**  
**(Located in the Highland House - 5480 Wisconsin Ave. B-1**  
**at the corner of Wisconsin and South Park Avenues)**

Parking is sometimes available on the streets near our location. “The Hills Plaza” is the street located behind our building and has free, two-hour street parking on both sides of it – in the block just north of our office. To reach it from Bethesda (points north) either turn right on to “Somerset Terrace” and then left on to it or turn right on South Park Avenue and right onto it. From the south (DC) turn left onto South Park Ave. There are a few spaces on South Park Ave. Many patients park either at the *Marriott* lot (enter off of the “Hills Plaza”) or in the *Saks Fifth Avenue* lot - located caddy corner to the Highland House.

Many find the *parking in our building* to be the most convenient. After turning on to South Park Avenue (from Wisconsin) make an immediate left in to the Highland House garage. You may park anywhere, as the numbers on the spaces have no significance. A few spaces are designated “handicap only” when you first come in but parking in them forces you to negotiate 6 steps (down) to get to the elevator. A better alternative is to proceed about 100 feet toward an overhead yellow “Additional Parking” sign and then to make a right turn. Proceed down the ramp and make another right turn. Continue to make right turns at the bottom of each of the 5 additional ramps you must negotiate - passing through levels marked with BLUE, ORANGE, and GREEN stripes on the concrete pillars (even drive past the EXIT) until you are on the RED LEVEL #7. If you have a Handicap Tag or decal, proceed forward and find the Handicap designated spaces on the left. Otherwise park in any space you choose. Should this level be filled you can continue down another ramp to additional parking or go back up to the Green level.

An *entrance* to the building is located on RED level #7 to the left of where you drove down the ramp. There are no steps (just a slight ramp) and both doors you must pass through have “automatic openers”. Once you come through the second door you will see that our office is located just to the right. A doorbell is available to summon help should you need assistance opening our office door.

**Currently we have an agreement with the parking vendor that allows our clients to park for up two hours for the one our price. We need to validate your ticket so remember to bring it in with you.**