

WHAT TO BRING

to your first appointment:

- Prescription from your physician if you were given one
- Photo ID such as a driver's license
- Current copy of your insurance card — Baptist Health Therapy Centers accept most insurance. If you have questions or concerns regarding coverage, please call the number on the back of your insurance card. If your insurance requires you to obtain a referral from your primary care physician, it is your responsibility to obtain this information in advance of your first visit.
- Relevant medical documents including list of medications and past medical history
- If your injury is related to a motor vehicle accident, please bring the name of the insurance company to be billed.
- If you are coming for a work-related injury, please let our office know before the visit so the business manager can obtain any necessary pre-authorizations. Also, please bring your workers' compensation information including contact information.
- Your appointment calendar so all subsequent visits can be scheduled
- Please wear clothing that will permit the therapist to evaluate your injury and allow you to exercise comfortably.

WHAT TO EXPECT

to your first appointment:

- Please arrive 15 minutes prior to your scheduled appointment to allow time to complete/sign the admission paperwork.
- Your therapist will evaluate your injury, discuss the findings of the evaluation and work with you to establish a plan of care based on those findings. This plan of care will outline the treatment you will receive for your injury, as well as how often and for how long therapy may be needed.
- You may receive an initial home exercise program and helpful hints to manage your symptoms.
- Plan on your initial evaluation lasting approximately one hour and each subsequent session lasting approximately one hour, depending on your outlined program.



2665

Baptist Health

THERAPY CENTER

F-282.1 OPTIMAL OUTCOME TOOL

PATIENT HISTORY

Present Problem: _____
 How did this problem begin? _____
 What makes your condition worse? _____
 What makes your condition better? _____
 Patient Goal: What would you like to achieve by attending therapy? _____

MEDICAL HISTORY

Do you have any of the following: (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Dizziness/Fainting | <input type="checkbox"/> Osteoporosis/Osteopenia |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Cardiac Pacemaker |
| <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Migraine Headaches |
| <input type="checkbox"/> TB | <input type="checkbox"/> Cancer | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Incontinence | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Hepatitis |
| | | <input type="checkbox"/> Multiple Sclerosis |
| | | <input type="checkbox"/> HIV |
| | | <input type="checkbox"/> Stroke |
| | | <input type="checkbox"/> Pregnant |
| | | <input type="checkbox"/> Glaucoma |

Other conditions NOT listed: _____

ALLERGIES: (No known allergies) _____

CURRENT MEDICATIONS: (None taken) _____

CURRENT SURGERIES: (None) _____

SURGICAL HISTORY: (No previous surgeries) _____

Do Not Complete Boxed Area, Therapist Use Only

UPDATED MEDICAL SUMMARY: (Review Date _____)

(Review Date _____)

Previous Education Level: _____

Job Position and Duties: _____

NUTRITION SCREEN

- ☐ 1. I do not always have enough money to buy the food I need.
☐ 2. Without wanting to, I have lost or gained ten pounds in the past 6 months.
☐ 3. I eat fewer than two meals per day.

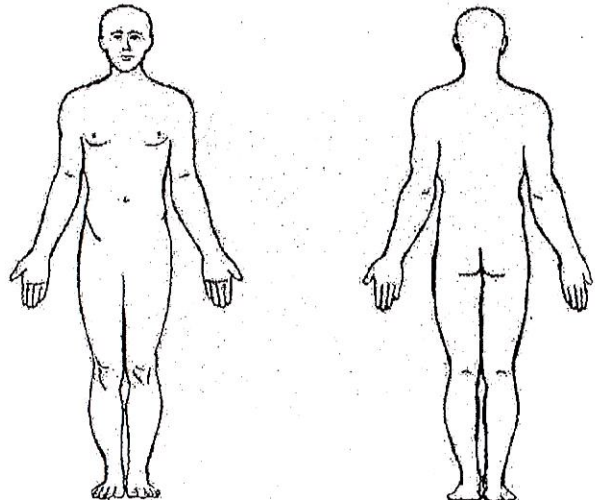
WORK/SCHOOL STATUS

- ☐ 1. No lost work/school class time.
☐ 2. Return to work/school without restriction.
☐ 3. Return to work/school with modification.
☐ 4. Have not returned to work/school.
☐ 5. Not employed outside the home of attending school.

PAIN SCALE

On the pain scale below, mark your pain level RIGHT NOW.
 "0" is NO pain. "10" is the worst pain you can imagine.

0 1 2 3 4 5 6 7 8 9 10
 Least.....Worst



Optimal Instrument

Please circle 3 of the Functional Activities listed below that you would like to improve the most. Score these activities based on your current functional ability.

There are 3 blanks at the bottom of the list to add your own activities if they are not listed.

Functional Activities	Able to do without any difficulty	Able to do with little difficulty	Able to do with moderate difficulty	Able to do with much difficulty	Unable to do	Not Applicable
1. Lying flat	1	2	3	4	5	9
2. Rolling over	1	2	3	4	5	9
3. Moving-lying to sitting	1	2	3	4	5	9
4. Sitting	1	2	3	4	5	9
5. Squatting	1	2	3	4	5	9
6. Bending/stooping	1	2	3	4	5	9
7. Balancing	1	2	3	4	5	9
8. Kneeling	1	2	3	4	5	9
9. Standing	1	2	3	4	5	9
10. Walking-short distance	1	2	3	4	5	9
11. Walking-long distance	1	2	3	4	5	9
12. Walking-outdoors	1	2	3	4	5	9
13. Climbing stairs	1	2	3	4	5	9
14. Hopping	1	2	3	4	5	9
15. Jumping	1	2	3	4	5	9
16. Running	1	2	3	4	5	9
17. Pushing	1	2	3	4	5	9
18. Pulling	1	2	3	4	5	9
19. Reaching	1	2	3	4	5	9
20. Grasping	1	2	3	4	5	9
21. Lifting	1	2	3	4	5	9
22. Carrying	1	2	3	4	5	9
23.	1	2	3	4	5	9
24.	1	2	3	4	5	9
25.	1	2	3	4	5	9

Initial Score _____

Final Score _____

Initial Date _____

Final Date _____

Diagnosis _____ Total # Visits _____

Dropout? Yes/No If Yes, Why? _____



ATTENDANCE

Thank you for choosing Baptist Health as your therapy provider. We consider your rehabilitation a partnership between you and your therapist. Consistent attendance for each treatment visit can make a difference in the outcomes you experience. Your referring doctor and your therapist have determined a set amount of visits for you to attend in order to achieve your goals. Your commitment, as well as ours, is essential to your success.

We promise that all of our effort will go into your care, but we need all of your effort as well. We reserve time in our schedule specifically for YOU! With this in mind, we ask for your cooperation by making every effort to keep scheduled appointments.

Please read the following guidelines we have put into place to ensure that you get the most of your experience with us at Baptist Health Therapy.

- 1. Please make every effort to provide a 24-hour notice to change or cancel an appointment.**
- 2. If you anticipate that you may have difficulties attending all your scheduled appointments, please discuss this with your therapist.**
- 3. Case manager assigned to Workers Compensation clients require our facility to maintain attendance records. Missed or canceled appointments could affect other aspects of your care.**
- 4. In the case of recurring cancellations or no shows resulting in 2 missed treatment sessions, you may be asked to schedule your appointments on an "As available basis" by calling daily to schedule.**
- 5. Review your scheduled appointments weekly. The Clinic Business Manager will work with you to make needed adjustments to your schedule.**

Please remember that your pain may fluctuate through treatment sessions. We request that you do not cancel due to a change in your symptoms, but rather discuss any concerns with your therapist first. Also, once your condition improves, we ask that you do not cancel before discussing with your therapist. At the completion of your care, your therapist will obtain a reassessment, which is often required by your physician and/ or insurance carrier.