SCHAAL PHYSICAL THERAPY and FITNESS CENTER

PATIENT FINANCIAL POLICY

- The patient should provide active proof of insurance at the onset of therapy services. We will verify eligibility and benefits with the insurance company, but the patient should be aware that insurance coverage is between the patient and the insurance carrier and it is ultimately the patient's responsibility to know the coverage provided by their insurance policy and understand that they are financially responsible for all charges, whether or not paid by the insurance carrier.

- **Co-payments, coinsurance, and any unmet deductible, as well as payment for cash services, are to be collected at the time of service.** Cash services are those not reimbursable by insurance and include, but are not limited to, consultations, functional dry needling, and functional taping.

- If payment is fully or partially denied by the patient's insurance, it is understood that the patient will be billed directly for services rendered, though we will make every effort to obtain payment from the insurance company.

- If the patient's account becomes past due, we reserve the right to contact the individual named as emergency contact or turn the account over to a collection agency or an attorney, wherein the patient will be responsible for paying all collection/attorney costs.

- There will be a $30 fee for checks that have been returned for insufficient funds.

- We request the courtesy of 24-hour notice for cancellations or reschedules, though we do understand that, at times, circumstances are beyond one's control. If a patient no-shows three (3) times, they will be required to obtain another order for treatment from their physician in order to continue with treatment.

- The patient accepts responsibility for all costs of collection including attorney fees, collection fee of 30% and court costs.

By signing this document, the patient states that they are in agreement with the policy set forth above.

Patient Name (*printed*) : _____ Date: _____

Patient Signature: _____

SCHAAL PHYSICAL THERAPY and FITNESS CENTER

Patient Data Sheet

Please complete this form in its entirety prior to your first visit. Also, please bring your insurance information and/or cards and list of medications to our office at your first visit. **It is the patient's responsibility to notify our office of any changes to your information listed on this form.**

PATIENT INFORMATION

Name:_____
Last First Middle

Address:_____
Street City State Zip

Phone: Home ( )_____ Work ( )_____ Cell ( )_____

Email: _____ Preferred way to contact you □Home □Work □Cell

Date of Birth:_____ Social Security Number: _____ □Male □ Female
□ Married □ Single □ Widowed □ Separated □ Other

REFERRING PHYSICIAN: _____ PRIMARY CARE PHYSICIAN: _____

Employer Name/Address:_____

Emergency Contact:_____ Phone: _____
Name/Relation

THE ABOVE INFORMATION PERTAINS TO THE PATIENT ONLY

IF THE PATIENT IS A MINOR, THEN THE RESPONSIBLE PARTY COMPLETES THE NEXT SECTION.

RESPONSIBLE PARTY INFORMATION

Relation to the Patient □Mother □ Father □ Other_____

Name: _____Date of Birth: _____
Last First

Address:_____
Street City State Zip

Phone: Home ( )_____ Work ( )_____ Cell ( )_____

Employer
Name/Address:_____

INSURANCE INFORMATION

ARE YOU AWARE OF YOUR BENEFITS FOR YOUR INSURANCE? □YES □NO

Primary Insurance Name:_____ Insured Name:_____

Primary Insurance Policy #:_____ □SEE COPY OF CARD

Secondary Insurance Name:_____ Insured Name:_____

Secondary Insurance Policy #:_____ □SEE COPY OF CARD

ACCIDENT INFORMATION: Was this injury related to an accident? □Yes □ No

Date of Accident/Injury:_____ □Motor Vehicle Accident □Work Related □Other_____

(see back side)

HIPPA: By signing this form I acknowledge that a copy of the HIPPA "Notice of Information Practices" from Schaal Physical Therapy and Fitness Center, LLC was available to me and I understand it completely. **CONSENT:** By signing this form, I agree to give my consent for Schaal Physical Therapy and Fitness Center, LLC to furnish physical therapy care and treatment considered necessary and proper in diagnosing and/or treating my physical condition.

_____ _____

Signature Date

SCHAAL PHYSICAL THERAPY and FITNESS CENTER

942 Rose Ave
Burlington, CO 80807
office – 719.346.6050
fax – 719.346.5509
schaalptandfitness.com
schaalphysicaltherapy@gmail.com

Aphasia Case History

Date completed: _____

Name:

Did patient experience a stroke? A head injury? Slow onset of language impairment?

Date of stroke(s) or head injury?
Age at time of stroke or head injury?

Marital Status?
# of Children? Boys/Girls?

Occupation:
Spouse's occupation?

Highest level of schooling completed?
If patient received a college degree, from where and in what field?

Where did the patient grow up?

If patient had a stroke, describe the events surrounding the stroke and the nature of the patient's problems soon after the stroke (include communication, body weakness, changes in vision, etc):

Describe the patient's current limitations with regard to communication, vision, hearing, and physical impairment.

Does the patient wear glasses? Is vision corrected with glasses?

Does the patient wear hearing aids? RIght, Left, or Both Ears?

When and where was the patient's hearing last evaluated?

Has the patient received prior speech therapy? If so, when and where?

* Please provide some family and social information about the patient to help us better understand conversational topics:

List important family members, friends, or pets:

What are some major accomplishments or highlights of this person's life?

List hobbies or other topics of interest:

Appendix and Form 6.2 Aphasia needs assessment.

APHASIA NEEDS ASSESSMENT

COMMUNICATOR:_____ **INFORMANT:**_____
INTERVIEWER:_____ **DATE:**_____

	Poorly		So-So		Very Well
HOW ARE THINGS GOING FOR YOU?	1	2	3	4	5
HOW WELL ARE YOU COMMUNICATING?	1	2	3	4	5

WHICH SITUATIONS GIVE YOU THE MOST DIFFICULTY WITH COMMUNICATION? (Mark all that apply)

- ❑ Talking on the phone
- ❑ Conversations with family or friends
- ❑ Conversations with strangers
- ❑ Discussions about personal business
- ❑ Community Transactions (bank, pharmacy, travel agent, bus driver, etc.)
- ❑ Restaurants
- ❑ Doctor/Medical settings
- ❑ Work
- ❑ Giving directions
- ❑ Understanding others
- ❑ Other: _____

WHAT WOULD YOU LIKE TO TALK ABOUT DURING CONVERSATIONS?

- ❑ Funny stories about your children
- ❑ Your adventures as a young child/growing up
- ❑ Dating and getting married
- ❑ Being in the military
- ❑ Your worst jobs
- ❑ Your most important job/career
- ❑ Moving or traveling
- ❑ Hobbies or unique interests List: _____
- ❑ Family history/ancestry/genealogy
- ❑ Local events
- ❑ Current events
- ❑ Sports
- ❑ Politics/the economy/the government
- ❑ Weather
- ❑ Favorite meals/restaurants
- ❑ My house/home town/things to fix
- ❑ My stroke and/or other medical issues

WHICH COMMUNICATION SKILLS ARE THE MOST DIFFICULT FOR YOU?

- ❑ Getting someone's attention
- ❑ Introducing myself and others
- ❑ Explaining about aphasia and how I communicate
- ❑ Engaging in "small talk"
- ❑ Introducing new topics
- ❑ Interrupting
- ❑ Asking questions
- ❑ Talking about the present
- ❑ Talking about the past
- ❑ Answering familiar, predictable questions (e.g., "How was your weekend?")
- ❑ Answering questions that require a specifically-worded answer
    - o (e.g., "I cooked red beet salad.")
- ❑ Explaining something using specific language and a sequence of steps
- ❑ Telling a story
- ❑ Telling a joke
- ❑ Holding my communication partner's attention
- ❑ Providing comfort
- ❑ Communicating how I feel
- ❑ Communicating specific physical needs quickly and accurately
- ❑ Expressing commands
- ❑ Following commands
- ❑ Resolving breakdowns
- ❑ Switching from expressing myself to listening
- ❑ Finding information I know that I have in my communication system
- ❑ Thinking to use another communication strategy
- ❑ Spelling
- ❑ Helping my communication partner with "clues"
- ❑ Staying on topic or on track in the conversation

DO YOU DO MOST OF THE COMMUNICATING FOR YOURSELF? YES NO

IF YOU ANSWERED "NO", WHO DOES?_____

WHAT DO YOUR COMMUNICATION FACILITATORS NEED TO LEARN TO DO?

- ❑ Not to interrupt
- ❑ Not to guess or fill in words unless I say it's OK
- ❑ To guess more efficiently by narrowing down the category of the target message
- ❑ Tell me what they do understand when I have difficulty communicating clearly
- ❑ Slow down when talking to me
- ❑ Give one item of info at a time when talking to me
- ❑ Write things down, draw, or gesture to help me understand better
- ❑ Help me answer yes/no questions by tagging them (yes….or no?)
- ❑ Ask me questions/give me opportunities to communicate
- ❑ Write down possible answers for me so I can point to them
- ❑ Help me find the correct pages/messages when I use my communication system

WHAT COMMUNICATION STRATEGIES DO YOU or YOUR FACILITATORS CURRENTLY USE? DESCRIBE THEM, and TELL US WHEN YOU USE THEM:

Strategy 1:_____

Strategy 2:_____

Strategy 3:_____

Strategy 4:_____

HOW WELL DO YOU READ?

Poorly		So-So		Very Well
1	2	3	4	5

WHAT KINDS OF MATERIALS WOULD YOU LIKE TO READ?

- ❑ Popular Magazines — Titles:_____
- ❑ Daily Newspaper — Sections: _____
- ❑ Personal Letters
- ❑ Professional articles or journals
- ❑ Fiction – short books — Topics: _____
- ❑ Fiction – long books — Topics:_____
- ❑ Nonfiction — Topics: _____
- ❑ Email
- ❑ Other: _____

HOW WELL DO YOU WRITE?

Poorly		So-So		Very Well
1	2	3	4	5

WHAT KINDS OF THINGS WOULD YOU LIKE TO WRITE?

- ❑ Lists of things to buy or appointments to remember
- ❑ Bills and forms
- ❑ Cards
- ❑ Short personal letters
- ❑ Long letters
- ❑ Stories
- ❑ Business documents (letters, requests, manuscripts)
- ❑ Journals or diary entries
- ❑ Email