Chester Community Physical Therapy Clinic
Widener University

Client Intake Form

First Name: _____ Last Name: _____ Date: _____

Street Address: _____ Age: _____ DOB: _____

City: _____ State: ____ Zip: _____ Phone: _____

Name of Referring Physician: _____ Alt. Phone: _____

Emergency Contact Name: _____ Phone: _____

Occupation: _____ Employed? YES NO Employer Name: _____

Health Insurance? YES NO Insurance Co: _____

- If **YES**, why are you accessing pro bono care?

  ____ Copays are too high ____ Exhausted Insurance ____Other

Are you willing / able to donate $5.00 / visit? YES NOT AT THIS TIME (no penalty)

How did you hear about us? _____

This Section is optional to complete:

Which of the following do you consider yourself? Check all that apply:

____ Asian _____ Hispanic / Latino (all races) _____ White (Not Hispanic or Latino)

____ Pacific Islander _____ Black / African American _____ American Indian / Alaskan Native

____ Unknown _____ Other: _____

Gender: MALE FEMALE Other: _____ Sex: MALE FEMALE Other: _____

Notice of Client Rights & Responsibilities

_____I acknowledge that I have received a copy of the Client Rights and Responsibilities welcome page as well as the Attendance Incentive Program.

Notice of Privacy Practices

_____I acknowledge that I have received a copy of the Notice of Privacy Practices that describes my rights regarding my health information and how my health information may be used or disclosed.

Authorization to Release Medical Information

_____ I authorize *Chester Community Physical Therapy Clinic* to release my medical information to my referring physician or nurse practitioner in order to coordinate care..

Consent to Treat

____ I give my consent to *Chester Community Physical Therapy* students and licensed supervisors to provide outpatient physical and/ or occupational therapy services considered necessary and proper for my diagnosis. I understand that I may refuse treatment at any time.

My initials above and my signature below indicate consent to all of the above.

Signature: _____ Date: _____

If under 18 years of age, signature must be that of parent or guardian