Pegasus Physical Therapy, P.C.

905 West Jericho Turnpike Smithtown, New York 11787

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/Illr	ness	Date of Onset	
Describe Sym _l	ptoms		
	Level (Circle one) (0) 1 2	Tolerable Extreme	
What Lessens	Pain		
Do you exercis	se regularly? Yes No Free	quency	
Medical Probl	ems (Circle all that apply) A	STHMA CANCER DIABETES	
	HEART DISEASE HIGH I	BLOOD PRESSURE HIGH CHOLESTEROL	
	OSTEOPOROSIS OSTEO	DARTHRITIS SEIZURES STROKE	
ОТНЕ	CR		
Surgical Histo	ory (Procedure & Date)		
Current Medi	cations		