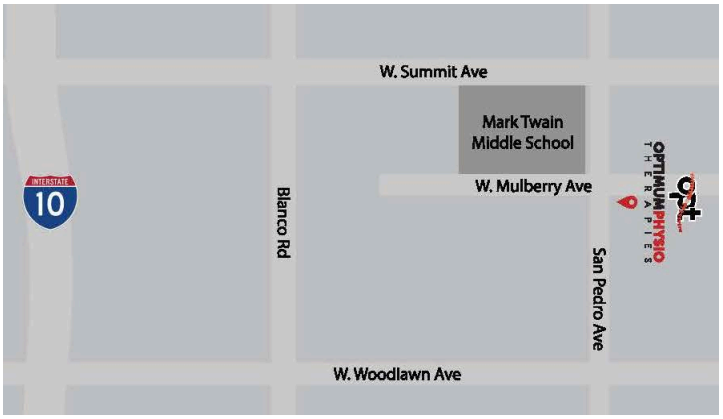
OPTIMUMPHYSIO
THERAPIES

WELCOME PACKET

Everything you need to know before your first visit

Address
What to wear
What you will feel after your first visit
What you can expect from us
Frequently asked questions
Forms to complete
Patient's Rights and Responsibilities

2322 San Pedro Ave
San Antonio, TX 78212
P: (210) 314.6725
F: (210) 957.8585



Office Hours
Mon - Thu 8am - 7pm
Fri 7am - 1pm

What to expect on your first visit at OPTIMUM PHYSIO

Our goal is to help you return to living life pain free through physical therapy.

We don't just treat the symptoms. We get to the source of the problem by evaluating the reasons your pain developed. We provide hands-on treatment, a personalized exercise program and education in self-pain management techniques for prevention of future problems.

What to bring to your evaluation appointment

- Your ID and insurance information cards
- Your completed patient paperwork
- If you have one, your physician's prescription for physical therapy
- Comfortable clothing that allows access to the areas being treated and for exercising
- Your appointment book or calendar for scheduling future appointments
- Your preferred form of payment

During your appointment, your physical therapist will:

- Conduct a one-on-one evaluation. This will allow you to discuss your condition and any other health concerns.
- Explore your medical history, current pain or injury and the activities you are limited in.
- Take specific measurements of your posture, quality of movement, strength, and perform specific tests designed for evaluating your condition.
- Help you understand all of the factors that influence your condition and your specific physical therapy treatment needs.
- Set up a personalized plan of care to meet your goals.
- Provide treatment and education on the first day to get you started on your road to recovery.
- Formally write up their findings and treatment plan. This is to communicate to your primary care physician or specialist if you were referred by one.

After your appointment

- It's normal to feel a bit sore from your first visit due to the physical manipulation and exercises.
- Expect a call from our patient representative to ensure that you are fully satisfied with all aspects of your treatment plan.
- You will have the opportunity to ask questions or discuss any concerns.
- You can schedule all future appointments of your agreed upon treatment plan. This is very important to secure your preferred treatment time and ensure excellent results.

Frequently asked questions

What should I wear to my appointment?

Comfortable clothing is key. If your appointment is during work hours, you can bring clothing with you and change at the facility.

How long will my appointment time be?

Please allow anywhere from 30 minutes to one hour for most visits.

Will my insurance cover my physical therapy?

We accepts most insurance plans and participates with most major and minor insurance providers.

How much will I have to pay for physical therapy?

The amount paid out of pocket depends on your individual insurance plan and coverage. We will gladly verify your insurance and explain your benefits and financial responsibility before or at your first visit. If you do not have insurance coverage, discounted cash rates are available, and vary depending on diagnosis and treatment.

Patient Information

Patient Name (First) _____ (m) _____ (last) _____

Street Address _____

City _____ State _____ Zip _____

Phone (home) _____ (cell) _____ E-mail _____

Gender ☐ Male ☐ Female Date of Birth _____ _____ _____ SS# _____

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widow

Emergency Contact _____ Phone _____

How did you hear about us? Check all that apply: ☐ Doctor ☐ Insurance ☐ Mailing ☐ Online ☐ Event ☐ TV ☐ Radio

☐ Magazine/Newspaper Ad ☐ Returning Patient ☐ Friend/Family (name): _____

Employer _____ Phone _____

Employer's Address _____

City _____ State _____ Zip _____

Referring Doctor _____ Type of Doctor _____

Body Part _____ Date of Injury/Accident _____

Did you have surgery for this injury? ☐ Yes ☐ No If yes, date of surgery _____

Result of accident? ☐ Yes ☐ No If yes, was the accident: ☐ Auto ☐ Worker's Comp ☐ Other

Is there an attorney involved on this case? ☐ Yes ☐ No

Primary Insurance Company _____

Name of Insured Party _____ ☐ Self ☐ Other _____

Date of Birth of Primary Insured _____ Relationship to Patient _____

Secondary Insurance Company _____

Name of Insured Party _____ ☐ Self ☐ Other _____

Date of birth of primary insured _____ Relationship to patient _____

Have you had PHYSICAL THERAPY this year? ☐ Yes ☐ No

Name of Physical Therapy Provider _____ Date _____

Have you had CHIROPRACTIC CARE this year? ☐ Yes ☐ No

Name of Chiropractor _____ Date _____

Primary care physician name _____ Phone# _____

MEDICARE PATIENTS Are you receiving ANY homecare services at home? ☐ Yes ☐ No

Signature Required

Patient/Guardian Signature _____ Date _____

OPTIMUMPHYSIO THERAPIES

MEDICAL HISTORY SCREENING FORM

PATIENT NAME: _____

Height ft in **Weight**

Check YES or NO

Have you or any immediate family member ever been told you have:

	Self	Family
Cancer	Yes ☐ No ☐	Yes ☐ No ☐
Diabetes	Yes ☐ No ☐	Yes ☐ No ☐
High blood pressure	Yes ☐ No ☐	Yes ☐ No ☐
Heart disease	Yes ☐ No ☐	Yes ☐ No ☐
Angina/Chest pain	Yes ☐ No ☐	Yes ☐ No ☐
Stroke	Yes ☐ No ☐	Yes ☐ No ☐
Osteoporosis	Yes ☐ No ☐	Yes ☐ No ☐
Osteoarthritis	Yes ☐ No ☐	Yes ☐ No ☐
Rheumatoid arthritis	Yes ☐ No ☐	Yes ☐ No ☐

In the past 3 months have you had or did you experience:

A change in your health	Yes ☐ No ☐
Loss of strength or energy	Yes ☐ No ☐
Nausea/Vomiting	Yes ☐ No ☐
Fever/Chills/Sweats	Yes ☐ No ☐
Unexplained weight change	Yes ☐ No ☐
Numbness or tingling	Yes ☐ No ☐
Changes in appetite	Yes ☐ No ☐
Difficulty swallowing	Yes ☐ No ☐
Changes in bowel or bladder function	Yes ☐ No ☐
Menstrual irregularities	Yes ☐ No ☐
Shortness of breath	Yes ☐ No ☐
Dizziness	Yes ☐ No ☐
Upper respiratory infection	Yes ☐ No ☐
Urinary tract infection	Yes ☐ No ☐
Often been bothered by feeling down, depressed or hopeless	Yes ☐ No ☐
Been bothered by little interest or pleasure in doing things	Yes ☐ No ☐

Are you currently:

Pregnant	Yes ☐ No ☐
Depressed	Yes ☐ No ☐
Under stress	Yes ☐ No ☐

Check all that apply… I currently have difficulty

☐ Driving ☐ Getting up from a chair
☐ Walking ☐ Bending forward at the waist
☐ Standing ☐ Lifting

If you are accustomed to regular exercising check the ones that give you difficulty now

☐ Playing sports ☐ Running ☐ Calisthenics

Do you have a pacemaker or any medical implants? Yes ☐ No ☐
If Yes, please list implants:

Do you have a history of: **Check YES or NO**

Allergies/Asthma	Yes ☐ No ☐
Headaches	Yes ☐ No ☐
Bronchitis	Yes ☐ No ☐
Kidney disease	Yes ☐ No ☐
Rheumatic fever	Yes ☐ No ☐
Ulcers	Yes ☐ No ☐
Sexually transmitted disease	Yes ☐ No ☐
Seizures	Yes ☐ No ☐
Testing positive for Tuberculosis	Yes ☐ No ☐
Living with someone who had Tuberculosis	Yes ☐ No ☐

Are your symptoms ... (check one)
☐ Getting worse ☐ The same ☐ Improving

How are you able to sleep at night? (check one)
☐ Fine ☐ Moderate difficulty ☐ Only with medication
☐ Awakened at night by pain ☐ Night Sweats

Do you have a problem with … (check all that apply)
☐ Speech ☐ Communication ☐ Hearing ☐ Vision

How do you learn best?
☐ Seeing ☐ Doing ☐ Hearing

Have you ever smoked tobacco? Yes ☐ No ☐
If yes, Packs X Years.
Last tobacco use

Do you drink alcoholic beverages? Yes ☐ No ☐
If yes, / week.

Date of last physical examination:

List medications currently using:

List any past surgeries / procedures with dates:

Signature_____

Date

Consent for Treatment in a Group Setting

Optimum Physio, LLC in compliance with Federal HIPAA Regulations is committed to protecting our patients' health information and privacy.

The therapists and staff will make every effort to ensure that your protected health information is kept private. However, due to the nature of the open setting of our therapy area, your treatment may be performed in the presence of other individuals. In some instances, it is possible that other patients, family members, friends, or staff will overhear information relating to your treatment, diagnosis, and insurance benefits.

Unless you indicate in writing to the contrary, by signing this Consent Form, you are agreeing that it is possible for other patients to overhear some information regarding your treatment, and you are consenting to the disclosure of such information to any other individuals who may be present in the therapy area.

By signing below, I acknowledge and agree to the above conditions.

Signature Required

Patient/Guardian Signature _____ Date _____

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED, DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

Your medical information is the information gathered by your therapists or other caregivers during the time you are being treated by Optimum Physio clinic professionals. It is private, and no one without a legitimate need to know may have access to it. Optimum Physio is required by law to maintain the privacy of your health information and to provide you with a notice of its legal duties and privacy practices. In the unlikely event that your medical information becomes unsecured, Optimum Physio will provide you with prompt notification.

Optimum Physio will not use or disclose your health information except as described in this Notice of Privacy Practices ("Notice"). This Notice applies to all of the medical records generated during your participation in Optimum Physio programs and services.

EXAMPLES OF DISCLOSURE FOR TREATMENT, PAYMENT AND HEALTH OPERATIONS

The following categories describe the ways that Optimum Physio may use and disclose your health information:

Treatment: Optimum Physio will use your health information in the provision and coordination of your health care. We may disclose all or any portion of your medical record information to your physician, consulting physician(s), nurses and other healthcare providers who have a legitimate need for such information in the care and continued treatment of the patient.

Payment: Optimum Physio may release medical information about you for the purposes of determining coverage, billing, claims management, medical data processing and reimbursement. The information may be released to an insurance company, third-party payor or other entity (or their authorized representatives) involved in the payment of your medical bill and may include copies or excerpts of your medical record that are necessary for payment of your account. For example, a bill sent to a third party payor may include information that identifies you, your diagnosis, the procedures and supplies used.

Routine Healthcare Operations: Optimum Physio may use and disclose your medical information during routine healthcare operations, including quality assurance, utilization review, internal auditing, accreditation, certification, licensing or credentialing activities of each clinic, medical research and educational purposes.

Business Associates: Optimum Physio may use and disclose certain medical information about you to its business associates. A business associate is an individual or entity under contract with Optimum Physio to perform or assist Optimum Physio in a function or activity that necessitates the use or disclosure of medical information. Examples of business associates include but are not limited to, a copy service used by the Optimum Physio to copy medical records, consultants, independent contractors, accountants, lawyers, medical transcriptionists and third-party billing companies. Arrow Physical and Rehabil-itation requires the business associate to protect the confidentiality of your medical information. In addition, Optimum Physio requires any subcontractor of Optimum Physio's business associate to protect the confidentiality of your medical information.

Regulatory Agencies: Optimum Physio may disclose your medical information to public health or legal authorities charged with preventing or controlling disease, injury or disability. For example, billing practices may be audited by the State Auditor and records are subject to review by the Secretary of Health and Human Services and his/her authorized representatives.

Workers' Compensation: Optimum Physio may release medical information about you for workers' compensation or similar programs that provide benefits for work-related injuries or illnesses.

Required by Law: Optimum Physio will disclose medical information about you when required to do so by law. Other Uses: Any other uses and disclosures will be made only with your written authorization.

Notice of Privacy Practices (continued)

PATIENT INFORMATION RIGHTS

Although all records concerning your treatment obtained at Optimum Physio are the property of Optimum Physio, you have the following rights concerning your medical information:

Right to Con idential Communications: You have the right to receive confidential communications of your medical information by alternative means or at alternative locations. For example, you may request that Optimum Physio contact you only at work or by mail.

Right to Inspect and Copy: You have the right to inspect and copy your medical information.

Right to Amend: You have the right to amend your medical information. Any request for amendment should be submitted to Optimum Physio in writing, stating a reason in support of the amendment.

Right to an Accounting: You have the right to obtain an accounting of the disclosures of your medical information made during the preceding six (6) year period.

Right to Request Restrictions: You have the right to request restrictions on certain uses and disclosures of you medical information. Optimum Physio is not required to honor your request except where: (i) the disclosure is for the purpose of carrying out payment or healthcare operations and is not otherwise required by law, and (ii) the medical information pertains solely to a healthcare item or service for which you, or person other than the health plan on your behalf, has paid Optimum Physio in full.

Right to Receive a Paper Copy: You have the right to receive a paper copy of this Notice.

Right to Receive Electronic Copies: You have the right to receive electronic copies of your medical information.

Right to Revoke Authorization: You have the right to revoke your authorization to use or disclose your medical information, except to the extent that action has already been taken in reliance on your authorization. A request to exercise any of these rights must be submitted, in writing, to Optimum Physio, 2322 San Pedro Ave, San Antonio, TX 78212.

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact us at (210) 314-6725 or sonia@optimumphysiotherapies.com. If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the Department of Health and Human Services. You may also file a complaint with us by contacting our front desk. All complaints must be submitted in writing. There will be no retaliation for filing a complaint.

CHANGES TO THIS NOTICE

Optimum Physio will abide by the terms of the Notice currently in effect. Optimum Physio reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all protected health information that it maintains. An updated version of the Notice may be obtained at the clinic.

NOTICE EFFECTIVE DATE

This Notice is effective October 2017.

Military Veterans: Optimum Physio may disclose your medical information as required by military command authorities if you are a member of the armed forces.

Patient Acknowledgement Required

Patient/Guardian Signature _____ Date _____