

COMPREHENSIVE THERAPEUTICS

WELCOME

Welcome to Physical Therapy, with your desire to feel better and be better, your goals for recover can be possible. Your doctor has written a prescription for Physical Therapy and you are here to participate in your care. Physical Therapy is a team of approach; the team members are you, your doctor, treating staff and administrative staff. Working as a team recover can happen.

HOW TO PLAY THE GAME OF RECOVERY

1. Follow your doctor's orders.
2. Keep all Physical Therapy appointments.
3. Report any changes in your condition.
4. Do your home exercise program.
5. Keep in all points of body mechanics.
6. Keep your doctor appointments.
7. Let your therapist know when you are to return to your doctor.
8. If you have any questions get them answered.
9. Make your goals known to us.

Our goal here at Comprehensive Therapeutics is to supply our patients with the right tools to assist you in health. Working as a team gives you the opportunity to achieve your goals.

Sincerely,

Scott Alstadt, P.T.
Director of Comprehensive Therapeutics



Comprehensive Therapeutics, Inc.

6900 Owensmouth Ave. Suite 102
Canoga Park, CA 91303
Tel: (818)999-3582 Fax:(818)999-9046
www.compthera.com

REFERRING PHYSICIAN: _____ **PHONE ()** _____ - _____

PATIENT'S NAME: _____

Address: _____ City: _____ Zip: _____

Home Phone () _____ - _____ Cell Phone: () _____ - _____

SS#: _____ - _____ Sex: _____ DOB: ____/____/____

Age: _____ Driver License #: _____ State: _____

SPOUSE NAME: _____ **Occupation:** _____ **Work #:** _____

IN CASE OF EMERGENCY: _____ **PHONE # ()** _____ - _____

EMPLOYMENT INFORMATION:

Company Name: _____ **Occupation:** _____

Address: _____ City: _____ Zip: _____

Phone Number: () _____ - _____

INSURANCE COMPANY:

PRIMARY INSURANCE _____ SECONDARY INSURANCE YES _____ NO _____

MEDICAL HISTORY:

Date of Injury/Illness: ____/____/____ **Nature of Injury:** _____

Describe how it occurred: _____

If it's not an injury/illness when did the problem/pain recently occur: ____/____/____

Accident Information: AUTO: _____ HOME: _____ WORK: _____ OTHER: _____

(IF WORK INJURY PLEASE FILL OUT EMPLOYMENT INFORMATION WHERE INJURY OCCURRED)

IF APPLICABLE ATTORNEY'S NAME:

Address: _____ City: _____ Zip: _____

Phone #: () _____ - _____ Fax: () _____ - _____

Who do we thank for referring you to us? _____

Insurance Authorization and Assignment of Benefits:

I hereby authorize Comprehensive Therapeutics Inc. to furnish information to insurance carriers concerning my illness and treatments. I hereby authorize payment directly to C.T for physical therapy benefits, if any otherwise payable to myself or my dependents for his/her services as described by statement of services rendered. I understand and agree that (regardless of my insurance status), I am ultimately responsible for the balance of my account for any professional services rendered. Returned checks are subject to an additional charge of \$25.00, balances older than 30 days may be subject to additional collection fees and interest of 5% per month.

Notice of Patient Information Practices (HIPPA)

I hereby consent to the use and disclosure of my personal health information for purposes as noted in C.T, Inc. notice of information practices. I understand that I retain the right to revoke this consent by notifying the practice in writing at any time.

SIGNATURE: _____ **DATE:** _____

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PATIENT HISTORY FORM

PATIENT NAME: _____ DATE: _____

1. Draw a circle around any of the following conditions you have had; write approximately date(s) on the line.

Stroke _____	Kidney Disease _____	Heart Attack _____
Cancer _____	Migraine _____	Stomach Ulcers _____
High Blood _____	Bleeding _____	Nervous _____
Pressure _____	tendency _____	Breakdown _____
Tuberculosis _____	Asthma _____	Goiter _____
Diabetes _____	Hay Fever _____	Arthritis _____
AIDS _____	Colitis _____	Leukemia _____
Rheumatic Heart _____	Epilepsy _____	Depression _____
Other Medical Conditions _____		

2. Are you currently being, or have you ever been, treated for heart problems? If yes, please explain?

Do you have a pacemaker? Yes or No

3. Do you have any metal implants or prostheses? If yes, please explain.

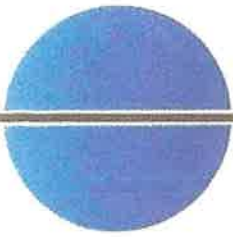
4. Are you presently taking any medications? If so list. _____

5. Do you have a history of seizures? Yes No if yes, explain _____
Are you currently taking medication for seizures? Yes No if yes, what type and dosage _____

6. What surgeries have you had? Please indicate type of surgery and date.

7. List all Prior Injuries and/or accidents. Include dates, what happened, treatment (if any) and residuals (if any).

a. Job injuries _____
b. Auto injuries _____
c. Sports injuries _____



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Dear CT patients,

So that we may better serve you please answer the following questions:

1. *Are you enrolled in home health?* Yes _____ No _____

2. *Have you ever been treated at home?* Yes _____ No _____

If yes, what dates? _____ to _____

3. *Is anyone currently treating you at home?* _____

a. *By a nurse?* _____

b. *By a Physical therapist?* _____

c. *By an occupational therapist?* _____

d. *By a respiratory therapist?* _____

e. *By a doctor?* _____

f. *Others?* _____

I hereby acknowledge that I answer the above to the best of my knowledge.

Patient Name

Date

Patient Signature

COMPREHENSIVE THERAPEUTICS, INC.

NOTICE OF PATIENT INFORMATION PRACTICES

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

COMPREHENSIVE THERAPEUTICS, INC.'s LEGAL DUTY

Comprehensive Therapeutics, Inc. is required by law to protect the privacy of your personal health information, provide this notice about our information practices and follow the information practices that are described herein.

USES AND DISCLOSURES OF HEALTH INFORMATION

Comprehensive Therapeutics, Inc. uses your personal health information primarily for treatment; obtaining payment for treatment; conducting internal administrative activities and evaluating the quality of care that we provide. For example, Comprehensive Therapeutics, Inc. may use your personal health information to contact you to provide appointment reminders, or information about treatment alternatives or other health related benefits that could be of interest to you.

Comprehensive Therapeutics, Inc. may also use or disclose your personal health information without prior authorization for public health purposes, for auditing purposes, for research studies and for emergencies. We also provide information when required by law.

In any other situation, Comprehensive Therapeutics, Inc.'s policy is to obtain your written authorization before disclosing your personal health information. If you provide us with a written authorization to release your information for any reason, you may later revoke that authorization to stop future disclosures at any time.

Comprehensive Therapeutics, Inc. may change its policy at any time. When changes are made, a new Notice of Information Practices will be posted in the waiting room and patient exam areas and will be provided to you on your next visit. You may also request an updated copy of our Notice of Information Practices at any time.

PATIENT'S INDIVIDUAL RIGHTS

You have the right to review or obtain a copy of your personal health information at any time. You have the right to request that we correct any inaccurate or incomplete information in your records. You also have the right to request a list of instances where we have disclosed your personal health information for reasons other than treatment, payment or other related administrative purposes.

You may also request in writing that we not use or disclose your personal health information for treatment, payment and administrative purposes except when specifically authorized by you, when required by law or in emergency circumstances. Comprehensive Therapeutics, Inc. will consider all such requests on a case by case basis, but the practice is not legally required to accept them.

CONCERNS AND COMPLAINTS

If you are concerned that Comprehensive Therapeutics, Inc. may have violated your privacy rights or if you disagree with any decisions we have made regarding access or disclosure of your personal health information, please contact our practice manager at the address listed below. You may also send a written complaint to the US Department of Health and Human Services. For further information on Comprehensive Therapeutics, Inc.'s health information practices or if you have a complaint, please contact the following person:

Comprehensive Therapeutics, Inc.

Arlene Alstadt

6900 Owensmouth Ave. Canoga Park, CA 91303

Telephone: (818) 999-3582 Fax: (818) 999-9046