PROGRESSIVE BEGINNINGS
Rehabilitation Specialists

1125 N 13th Street Sheboygan, WI 53081
P: (920) 803-1617 F: (920) 803-1622

PATIENT REGISTRATION FORM

PATIENT INFORMATION
Name (Last, First, MI):____

Sex: M F DOB (mm/dd/yyyy): _____________________ Social Sec Num:_______/________/____________

Address:____________________________________ City:___________________ State:_______ ZIP:___________

Phone: (___)_____________________ EMAIL:____

Would you like reminders of upcoming appointments? Circle one: TEXT or EMAIL

RESPONSIBLE PARTY IF OTHER THAN SELF:
Name (Last, First, MI):____Relationship to patient:_____________

Sex: M F DOB (mm/dd/yyyy): _____________________ Social Sec Num:_______/________/____________

Address:____________________________________ City:___________________ State:_______ ZIP:___________
(If same as patient as patient leave blank)

Phone: (___)_____________________ EMAIL:____

Name (Last, First, MI):____Relationship to patient:_____________

Sex: M F DOB (mm/dd/yyyy): _____________________ Social Sec Num:_______/________/____________

Address:____________________________________ City:___________________ State:_______ ZIP:___________
(If same as patient as patient leave blank)

Phone: (___)_____________________ EMAIL:____

HISTORY INFORMATION:
-What **area(s) of your body** is/are affected? ____

-What words would you use to describe your pain? ____

-Rate the pain for your PRIMARY location: 1 2 3 4 5 6 7 8 9 10

-Why do you think you are still experiencing pain? ____

-What makes your pain WORSE?
Please circle: SITTING, STANDING, LYING DOWN, BENDING, REACHING, LOOKING UP, INACTIVITY, PROLONGED ACTIVITY, TURNING HEAD, ROLLING IN BED, WALKING,
OTHER: ______________________________

-What makes your pain BETTER?
Please circle: HEAT, ICE, MASSAGE, PRESCRIPTION MEDS, OVER THE COUNTER MEDS, SLEEPING, SITTING, REPOSITIONING, RELAXATION, RESTING, OTHER: _________________________________

-**MEDICATIONS**:____

____

-Are you currently taking blood thinning or anticoagulant medications for any medical conditions? **Yes** **No**

PROGRESSIVE BEGINNINGS
Rehabilitation Specialists

1125 N 13th Street Sheboygan, WI 53081
P: (920) 803-1617 F: (920) 803-1622

PATIENT REGISTRATION FORM

HISTORY INFORMATION CONTINUED

-**ALLERGIES**: ____ Are you latex sensitive? **Yes** **No**

-Previous **surgeries**? Please describe: ____

____

-Do you have resuscitation orders? **Yes** **No** If yes, please provide a copy of the orders

-Have you fallen in the past 6 months? **Yes** **No** Have you fallen in the past 1 year? **Yes** **No**

-Have you received therapy before? **Yes** **No** When and what for? _________________________________

____

-Have you RECENTLY experienced any of the following (check all that apply)?

- ❑ Changes in bowel or bladder function
- ❑ Nausea/vomiting
- ❑ Dizziness/lightheadedness
- ❑ Difficulty maintaining balance
- ❑ Weight loss/gain
- ❑ Shortness of breath
- ❑ Headaches
- ❑ Changes in appetite
- ❑ Fever/chills/sweats
- ❑ Pain at night
- ❑ Weakness/fatigue
- ❑ Difficulty swallowing

-Have you EVER been diagnosed with any of the following conditions (check all that apply)?

- ❑ Anemia
- ❑ Anxiety disorders
- ❑ Asthma
- ❑ Cancer (type________)
- ❑ Chemical Dependency
- ❑ Dementia
- ❑ Depression
- ❑ Diabetes
- ❑ Epilepsy/ seizure disorder
- ❑ Fibromyalgia
- ❑ Heart Disease
- ❑ High blood pressure
- ❑ Kidney/liver problems
- ❑ MRSA
- ❑ Multiple Sclerosis
- ❑ Obesity
- ❑ Osteoarthritis
- ❑ Osteoporosis
- ❑ Pacemaker inserted
- ❑ Parkinson's disease
- ❑ Psychiatric disorders
- ❑ Pulmonary disease
- ❑ Rheumatoid Arthritis
- ❑ Stomach Ulcers
- ❑ Stroke
- ❑ Thyroid problems
- ❑ Other __________

FUNCTIONAL ABILITIES:

-How long are you able to maintain standing, for example, to shower, make lunch, etc? ____________

-How long would you like to be able to stand for? ____________

-How long are you able to walk? __________________

-How long would you like to be able to walk for? ____________

-Do you use an assistive device? YES NO

Circle any that you have: Cane, 2 wheeled Walker, 4 Wheeled Walker, Other: ____________

-Are you able to go up and down stairs? YES NO Do you use a railing? YES NO

-What are your goals for therapy?

1. ____

2. ____

PROGRESSIVE BEGINNINGS
Rehabilitation Specialists

1125 N 13th Street Sheboygan, WI 53081
P: (920) 803-1617 F: (920) 803-1622

PATIENT SERVICES AGREEMENT

PATIENT NAME:____ **DOB:**________________

By signing below I am demonstrating understanding and consent for the following:

- **FINANCIAL POLICY:**
  - I authorize Progressive Beginnings, LLC to bill my insurance company directly for the covered portion of charges, and I authorize payment of benefits directly to Progressive Beginnings, LLC. I authorize Progressive Beginnings, LLC to release medical or other information necessary to process claims. I understand that I am ultimately responsible for my therapy charges , and I agree to pay my deductible, co-insurance or co-payment, and any charges not reimbursed by my insurance carrier. I understand that some insurance companies require medical or administrative pre-authorization for treatment or have reimbursement limits on therapy limits. I understanding that I am responsible for knowing and meeting the requirements of my insurance plan.
  - I understand that **all copayments and co-insurances are due at the time of service**. Outstanding amounts, including deductibles are payable and due within 30 days of receipt.
  - It is the patient's responsibility to inform Progressive Beginnings, LLC of any and all changes in insurance information or coverage. Failure to do so could result in the patient being 100% responsible for all therapy charges.

- **HEALTH POLICY:**
  - If an emergency should occur during treatment, we will contact 911.
  - CPR will be initiated, unless the patient has provided a certified copy of DNR order to Progressive Beginnings, LLC.

- **HIPAA POLICY:**
  - We are required by federal and state laws to maintain the privacy of your/ your child's 'Protected Health Information', PHI. Your signature below indicates you have been offered or received a copy of the 'Notice of Privacy Practices and Your Rights', which describes how health care information about you or your child may be collected, used and disclosed for purposes of treatment or payment or for other specified purposes that are permitted and required by law.

Patient/Guardian Signature		Date	

PROGRESSIVE BEGINNINGS
Rehabilitation Specialists

1125 N 13th Street Sheboygan, WI 53081
P: (920) 803-1617 F: (920) 803-1622

CANCELLATIONS AND NO SHOWS

PATIENT NAME:____ **DOB:**________________

Progressive Beginnings strives to provide each patient with the highest quality of care while attempting to accommodate your schedule for your convenience. Therefore, we provide reserved time slots for each patient with a specific therapist in order to assure continuity of your treatment. Your consistent attendance of the planned treatment regimen is paramount to meeting goals and required for your insurance company to reimburse for the service.

- We require a **24 hour notice** in the event of a cancellation. We request that you have an alternative time in mind when canceling so that we can ensure you or your child gets in the full prescribed number of treatments that week whenever possible.

- All rescheduling of appointments can be completed by communicating directly with your therapist or by calling the front desk.

- If you have > 2 cancels in 8 weeks without rescheduling we will be required to move you to a **flexible schedule.** This will require scheduling within the current week, based on our therapist's availability. We will do everything possible to accommodate space on the schedule, however understand that the appointment may not be with the therapist that normally provides your treatment, and may not be at your preferred time. Once consistency and frequency with attendance improves for 4 consecutive weeks you may earn a reserved time back.

- If you or your child are experiencing any illness symptoms which you feel may be contagious, please call the front desk and request your visit be converted to a Telehealth visit.

- Failure to show up for an appointment **(“NO SHOW”)** without notifying us will result in the cancellation of all remaining scheduled appointments.

Patient/Guardian Signature		Date	
Therapist Signature		Date	

1125 N 13th Street Sheboygan, WI 53081
P: (920) 803-1617 F: (920) 803-1622

CONSENT TO PHOTOGRAPH

PATIENT NAME:____ **DOB:**_________________

(CHECK ONE)

❑ I hereby give my consent to Progressive Beginnings to use my photograph(s), information, and/or video related to my experiences with Progressive Beginnings. I understand this information may be used in publications, presentations, promotional material, advertising, social media, displayed in office, and/or similar ways. I understand that I may revoke this authorization at any time by notifying Progressive Beginnings, LLC in writing. The revocation will not affect any actions taken before the receipt of this written notification.

❑ I do NOT give my consent to Progressive Beginnings to use my photograph(s), information and/or video related to my experiences with Progressive Beginnings.

Patient/Guardian Signature		Date	

PROGRESSIVE BEGINNINGS
Rehabilitation Specialists

1125 N 13th Street Sheboygan, WI 53081
P: (920) 803-1617 F: (920) 803-1622

ADLs and IADLs CHART

PATIENT NAME:____ **DOB:**________________

Please place an "x" in the appropriate column that describes your ability to complete each activity

Activity	Able to perform 100% of the time	Independent but pain present	Able to perform 75% of the time	Able to perform 50% of the time	Able to perform 25% of the time	Able to perform 0% of the time
Bed making						
Heavy cleaning						
Laundry						
Indoor home maintenance						
Outdoor home maintenance						
Home management						
Functional mobility during ADLs						
Household tasks						
Meal prep/clean up						
Cooking						
Medication management						
Emergency Procedures						
Caregiving for others						
Financial management, budgeting						
Lifting						
Pushing						
Pulling						
Hobbies/leisure						
Overhead activities						
Computer skills						
Shopping						

PROGRESSIVE BEGINNINGS
Rehabilitation Specialists

1125 N 13th Street Sheboygan, WI 53081
P: (920) 803-1617 F: (920) 803-1622

ADLs and IADLs CHART

Please place an “x” in the appropriate column that describes your ability to complete each activity

Activity	Able to perform 100% of the time	Independent but pain present	Able to perform 75% of the time	Able to perform 50% of the time	Able to perform 25% of the time	Able to perform 0% of the time
Employment						
Driving						
Washing/Grooming Hair						
Shaving						
Brushing teeth						
Toiletry						
Upper body dressing						
Lower body dressing						
Putting on/taking off socks						
Tieing shoes						
Buttons/zippers/snaps						
Cutting food						
Opening containers						
Lifting pans						
Doing laundry						
Reaching over head						
Lifting weighted item						
Writing						
Turning keys						