Complimentary Screening Intake Form

FRANKLIN REHABILITATION
Where personalized care gets proven results.

Patient Information

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Insurance Information

Name of Insurance _____

How did you hear about us?

☐ Doctor ☐ Insurance ☐ Mailing ☐ Event ☐ Google ☐ Facebook ☐ Returning Patient

☐ Friend/Family (name) _____ ☐ Other _____

Health Questionnaire

Date of Screening _____

Have you received a screening in the past? ☐ Yes ☐ No If yes, when? _____ Was it for the same injury? ☐ Yes ☐ No

Type of Injury _____ Date of Injury _____

Registration and Waiver

I request Franklin Rehabilitation to perform a complimentary screening. I understand the purpose of this screening is to assess my symptoms and suggest a plan of action; it is not a medical examination or diagnosis, nor is it a substitute for a complete physical therapy evaluation. I understand a licensed Physical Therapist will perform the screening, not a Medical Physician. I acknowledge and agree I am responsible for arranging and for obtaining any follow up medical care, with a medical provider of my choice. I am under no obligation to select Franklin Rehabilitation for any follow up services, and this screening is not conditioned on my use of any goods or services from Franklin Rehabilitation. I have not been offered any special discounts on follow-up services.

I have read, understand and agree to the terms in this agreement. I have been given an opportunity to ask questions, and all of my questions have been answered to my satisfaction. I am signing voluntarily and intend by my signature that this be a complete and unconditional release of all liability to the extent allowed by law. _____
Initial

Signature of Patient or Legally Authorized Representative _____ Date _____

Printed Name of Patient or Legally Authorized Representative _____ Date _____

Description of Legal Representative Authority: ☐ Parent ☐ Medical Power of Attorney (attach documentation) ☐ Other

Explain and Attach Documentation: _____