



To our Occupational Therapy Patients:

Thank you for choosing South Florida Orthopaedics & Sports Medicine as your provider for Occupational Therapy!

Please carefully read through this Occupational Therapy packet and complete the information requested. **Please bring this packet with you** to your first Occupational Therapy appointment. Our clinic is located on the second floor, Suite 204, of Monterey Medical Center.

We believe that your greatest success occurs when you, your Physician and your Occupational Therapist collaborate as a “team” toward your health. Without your help, commitment, and understanding, the outcome of your treatment may be hindered. We believe it is the responsibility of all of us on this “team” to achieve the maximum potential of your treatment outcome.

- When a patient does not comply with the treatment schedule by missing appointments, the outcome of recovery will be affected. We want to stress the importance of coming in for all of your scheduled appointments.
- If, for any reason, you arrive for your scheduled appointment 15 minutes or more late, we may need to reschedule your appointment, or we may need to modify your intended treatment plan.
- If, for any reason, you cannot come to a scheduled appointment, please notify the Occupational Therapy Department at least 24 hours in advance. We may be reached at (772) 288-2400, extension 78024 or 78027.
- Missing an appointment also creates scheduling problems. We may have other patients waiting for appointments, who can be given your appointment time.
- Please note that when you do not show or when you cancel three (3) consecutive appointments, your treating Physician will be notified and you may be removed from our appointment schedule.

Before your first appointment, we will be contacting your insurance company to get any required special authorization for you to be seen at our facility. However, we do not verify your benefit coverage.

- If you are interested in knowing what your insurance - and what you - will pay for our services, you should contact your insurance company directly. We encourage you to ask about any limitations on your benefits, such as the number of visits and your co-payment responsibilities. Typically, a Customer Service number can be found on the back of insurance cards.

Thank you for your cooperation and understanding. We look forward to working with you as part of the “team” toward your health!

**Occupational Therapy Team
South Florida Orthopaedics & Sports Medicine**

I have read and understand the Insurance Authorization and Verification policy:

Patient Signature

Date

Patient Name (Please Print)

Date of Birth

**OCCUPATIONAL THERAPY
CONSENT FOR CARE AND TREATMENT**

I, the undersigned, do hereby agree and give my consent to allow South Florida
Orthopaedics & Sports Medicine Occupational Therapy department to provide medical
care and treatment of Body Part : _____

to Patient Name: _____.
(Please Print)

Date: _____

Patient Signature: _____

If minor, Guardian Signature: _____

**OCCUPATIONAL THERAPY
HISTORY FORM**

Today's Date: _____

Patient Name: _____

Age: _____

Have you had *any* Occupational Therapy treatment during the current calendar year (for the same or a different condition)? No Yes

Previous Injury to same area: No Yes If so, when?

Any surgery to affected area: No Yes If so, when?

Present Medications: _____

Allergies: _____

Have you ever had, or do you currently have, any of the following:

YES	NO	
		High blood pressure / Hypertension
		Cancer, If "yes" when? Where?
		Pacemaker
		Stroke / TIA, If "yes" when?
		Heart Attack, If "yes" when?
		Angina
		Asthma
		Metal Implants If "yes" where?
		Infectious diseases If "yes" what?
		Seizures
		Osteoporosis
		Rheumatoid Arthritis
		Balance Disorder
		Pregnant Currently
		Diabetes

Please list any other medical conditions:

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