

SPORTS MEDICINE, INC.

Procedure: Evaluation

Upon patient's arrival for initial evaluation, the patient is to fill out:

- A. Authorization to Treat
- B. Physical Therapy Intake Form
- C. Appropriate Pain Index
- D. Specialty Forms (if applicable)
 - 1. Advanced Beneficiary Notice (ABN)
 - a. Functional Dry Needling patients
 - b. Iontophoresis patients
 - 2. Functional Dry Needling Consent
 - 3. Worker's Compensation form
 - 4. Motor Vehicle Accident (MVA) form

A copy of the patient's insurance card will be obtained.


All acquired paperwork will be scanned into the patients EMR

Written: 1/1998

Approved: 1/1998

Reviewed/Revised: 1/1999

Reviewed/Revised: 3/5/2019

Signature: 

Date Signed 5/2/19

Reviewed/Revised:

Signature:

Date Signed:

Reviewed/Revised:

Signature:

Date Signed

Reviewed/Revised:

Signature:

Date Signed: