

P E N N - T R A F F O R D
PHYSICAL THERAPY

Under new **Medicare Regulations**, physical therapists are now required to obtain the following information to process billing claims.

Height: _____ Weight: _____

Please list all medications that you take:

<u>Type</u>	<u>Dosage</u>	<u>Frequency</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pain Level: Circle your current pain level

Best 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 Worst

Have you had more than 2 or more falls in the last year? ____ Yes ____ No

Patient signature _____ Date _____