

# Harrington

HEALTHCARE SYSTEM

*Total Local Care*

## Preparing for Rehab Services

### Before your first visit:

- Our paperwork is on our website – see link – print and complete it prior to your first visit to save some time
- Make a list of your questions
- Write down any symptoms
  - Is it better or worse with certain activities, movements, positions?
  - Better or worse at certain time of the day?
  - Better or worse with resting?
- Write down your medical history
- Make a list of all prescription and over the counter medications
- Write down injuries, incidents or environmental factors that could have contributed to your condition
- Make a list of medical conditions you have
- Bring a family member or friend with you if you wish
- Bring any lab or diagnostic reports from other health care professionals
- Bring a list of physicians and/or other healthcare professionals you have seen for this condition
- Wear comfortable clothing to therapy

### During your first visit, your rehab therapist will:

- Review all of the information you have provided and will ask additional questions related to your condition.
- Perform a detailed examination which depending upon your condition may include your flexibility, strength, balance and coordination, heart and respiration rates. Your therapist may use their hands to examine or “palpate” the affected area.
- Ask you specific questions about your home or work environment and how you are managing with the condition that you have.
- Work with you to determine your goals for your treatment.
- Document a list of conditions that need to be improved upon to reach your goals and optimum functional level.
- Determine how many times per week and how long each visit should be. Your therapist will inform you of exercises and/or other activities you should perform on your own.

The rehab office staff will schedule the recommended treatments. Therapists work with assistants who will assist in your care. Typically you will be scheduled to rotate between being seen by the therapist and the assistant.

An important aspect of your treatment is education which may include exercises, learning new and different ways to perform your activities at work and home which can involve new techniques to help minimize your pain, lessen strain and avoid re-injury.

- Your therapist may evaluate your need for special equipment such as splints, crutches, walker or cane.
- During your course of therapy your therapist will continually recheck your progress and will work with you to plan for your discharge from therapy when you are ready.
- Your therapist will offer suggestions about what you should do after discharge if your symptoms or condition worsen.

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Rehabilitation Services

## PERSONAL INTAKE FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of onset of Problem: \_\_\_\_\_

**Home Care:** Are you currently receiving home care services? Y N If Yes, Where? \_\_\_\_\_

Is this Auto/Work/Sports related?  Yes  No Email address: \_\_\_\_\_

What are your goals for therapy: \_\_\_\_\_

**Hospitalizations/Surgeries:** Please provide list of hospitalizations and/or surgeries during past 5 years:

Date:	Reason for Hospitalization	Date:	Reason for Hospitalization/Surgeries

**Medications:** Please provide list of all medications you currently take including over the counter and herbal medications:

Name of Medication	Dose	Route (by mouth, injection, inhaled, sublingual)	Frequency	Purpose of med

Who referred you to Harrington's Rehab Services? (Check as many as apply)

- Primary Physician/NP       Specialist Physician/NP/PA       Family Member  
 Friend       Other

Adverse reaction: Do you have any allergies or adverse reactions? (Bee sting, medications, Latex, skin sensitivity, etc)      Y      N

If yes, to what? \_\_\_\_\_

Have you ever been verbally, emotionally, sexually or physically harmed or financially exploited by your partner or someone else at home?      Y      N

Do you have a Health Care Proxy?      Y      N      Would you like a Health Care Proxy?      Y      N

HCP is a document that allows a patient to appoint an agent to make health care decisions in the event that the primary individual is incapable of executing such decisions. Once the document is drafted, the primary individual continues to be allowed to make health care decisions as long as they are still competent to do so. Health care proxies are by no means mandatory; rather they allow the patient's wishes to be followed even when he/she is incapable of communicating them.

\*This information will remain confidential within your chart. Please complete it as thoroughly possible. Your therapist will address any further questions.

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## REHABILITATION SERVICES OUTPATIENT POLICIES

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<input type="checkbox"/> Harrington Health Care at Rt. 169 20 Southbridge Rd. Charlton, MA 01507 Phone: (508) 434-1435 Fax: (508) 434-1436	<input type="checkbox"/> Harrington Memorial Hospital 100 South St. Southbridge, MA 01550 Phone: (508) 765-3120 Fax: (508) 765-3073	<input type="checkbox"/> Harrington Health Care at Hubbard 72 Cudworth Rd. Webster, MA 01570 Phone: (508) 949-9124 Fax: (508) 949-9126
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### To All Rehab Services Patients:

#### 1. Cancellation/No Show Policy

- If you need to cancel an appointment, call us at the phone number given above. Our offices are open from 7:30 AM to 4:30 PM and voice mail is available 24 hours/day, 7 days/week.
- If you no show for 2 consecutive appointments you will be discharged from therapy and your name will be removed from our schedule.
- Cancellations will be accepted for illness and other reasonable situations. Multiple cancellations or a combination of no-shows and cancellations will result in you being discharged from therapy and your name removed from our schedule.

#### 2. Insurance/Co-Pays/Co-Insurance

- We have researched your insurance and have determined your co-pay/co-insurance is \$ \_\_\_\_\_ per visit. It is the patient's responsibility as an insurance subscriber to know what your insurance policy will cover. The final determination of your co-pay/co-insurance remains with your insurance company upon final processing of your account. You will be responsible for any variance from the above stated amount and will receive a bill from the hospital.
- If the amount stated above presents a financial hardship you may pay 50% or \$ \_\_\_\_\_ per visit while you receive therapy. After you are discharged you will be billed for the remaining 50% or whatever is the amount of the final co-pay determination. This co-pay balance is due 60 days following the completion of your therapy.
- You may arrange a budget plan for paying your co-pay with one of our credit counselors who are located off the main lobby in Harrington Hospital in Southbridge and in Harrington HealthCare at Hubbard in Webster.
- If the receptionist is busy, please go directly to your scheduled appointment since the therapists make every effort to start your treatment on time. You may return to the office for payment after your therapy.

- Medicare/Home Health** – If Medicare is your primary insurance and you are currently receiving home care services Medicare will not cover your outpatient treatment. You need to speak to your home care provider to have that service delivered to you at home.

**I have read and understand all of the above policies.**

\_\_\_\_\_  
Printed Patient Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date