

# **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
  - o Is it better or worse with certain activities, movements, positions?
  - Better or worse at certain time of the day?
  - o 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.



### **Rehabilitation Services**

## PERSONAL INTAKE FORM

		Date:			
	Date of onset of Problem:				
Care: Are yo	u currently	receiving home ca	re services	s? Y N If Ye	es, Where?
uto, Work	or Sports	related? Y	N		
Vhat are your	goals you	want to achieve in	Occupation	nal/Physical/Speed	ch Therapy?
izations/Surg	eries: Pleas	se provide list of ho	spitalizati	ons and/or surger	ies during past 5 years:
Date: Reason		n for Hospitalization		Reason for Hospitalization/Surgeries	
ions: Please p nedications:	rovide list	of all medications y	ou curren	tly take including	over the counter and
Name of Medication Dose		Route (by mouth, injection,		*	D 4 1
		inhaled, subl	innaled, sublingual)		Purpose of med
erred you to l	Harrington	's Rehab Services?	(Check as	s many as apply)	
ry Physician/ l	<ul><li>□ Specialist Physician/NP/PA</li><li>□ Family Member</li><li>□ Other</li></ul>				
	•	ny allergies or adv	erse reacti	ons? (Bee sting, m	edications, Latex, skin
what?					
			or physica	lly harmed or fina	ancially exploited by your
ave a Health	Care Prox	y? Y N	Would yo	ou like a Health C	are Proxy? Y N
	Care: Are you  uto, Work of the work of th	DOB:	DOB:  Care: Are you currently receiving home cauto, Work or Sports related? Y  What are your goals you want to achieve in the dizations/Surgeries: Please provide list of home reason for Hospitalization  Reason for Hospitalization  Cons: Please provide list of all medications you dedications:  Medication Dose Route (by mouth inhaled, sublemented you to Harrington's Rehab Services?  Try Physician/NP Specialist Physician Other  Treaction: Do you have any allergies or adverse; you have any allergies or ad	DOB:	DOB:

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.

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