



DIRECT ACCESS PATIENT QUESTIONNAIRE

CALIFORNIA LAW REQUIRES US TO COMPLY WITH CERTAIN RULES RELATED TO DIRECT ACCESS.

DO YOU HAVE A GENERAL PRACTITIONER OR ORTHOPEDIC SPECIALIST? Y N **IF YES, PLEASE PROVIDE THE INFORMATION:**

1. **PHYSICIAN NAME:** _____ **PHONE #:** _____

ADDRESS: _____

2. **DID THEY PROVIDE A DIAGNOSIS FOR YOUR CURRENT CONDITION?** Y N

3. **WHAT WAS THE DIAGNOSIS?** _____

4. **WHAT WAS THE DATE OF YOUR LAST DOCTOR VISIT FOR THIS DIAGNOSIS?** _____

5. **DID YOUR DOCTOR RECOMMEND OR PRESCRIBE PHYSICAL THERAPY ?** Y N

REFERRALS FOR WELLNESS ARE ALLOWED WITHOUT PHYSICIAN REFERRAL. ARE YOU REQUESTING A WELLNESS VISIT? Y N

DO YOU HAVE SPORTS OR OTHER PHYSICAL PERFORMANCE GOALS? Y N



DIRECT ACCESS TO PHYSICAL THERAPY TREATMENT SERVICES

YOU ARE RECEIVING DIRECT PHYSICAL THERAPY TREATMENT SERVICES FROM AN INDIVIDUAL WHO IS A PHYSICAL THERAPIST LICENSED BY THE PHYSICAL THERAPY BOARD OF CALIFORNIA.

UNDER CALIFORNIA LAW, YOU MAY CONTINUE TO RECEIVE DIRECT PHYSICAL THERAPY TREATMENT SERVICES FOR A PERIOD OF UP TO 45 CALENDAR DAYS OR 12 VISITS, WHICHEVER OCCURS FIRST.

AFTER 45 DAYS OR 12 VISITS A PHYSICAL THERAPIST MAY CONTINUE PROVIDING YOU WITH PHYSICAL THERAPY TREATMENT SERVICES ONLY AFTER RECEIVING EITHER A MEDICAL PRESCRIPTION OR SIGNED PLAN OF CARE FROM A DOCTOR.

IN SPECIFIC, THE DOCTOR MUST BE A PERSON HOLDING A PHYSICIAN OR SURGEON'S CERTIFICATE ISSUED BY THE MEDICAL BOARD OF CALIFORNIA OR BY THE OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA, OR FROM A PERSON HOLDING A CERTIFICATE TO PRACTICE PODIATRIC MEDICINE FROM THE CALIFORNIA BOARD OF PODIATRIC MEDICINE. YOU MUST SEE THE PHYSICIAN IN PERSON.

AS A MATTER OF TIMING, WE RECOMMEND THAT YOU PLAN TO VISIT YOUR DOCTOR WITHIN A FEW WEEKS OF STARTING PHYSICAL THERAPY OR EMAIL YOUR PHYSICIAN TO COMMUNICATE THE INFORMATION.

KIND REGARDS,

EMERYVILLE SPORTS PHYSICAL THERAPY MANAGEMENT

PATIENT SIGNATURE: _____

DATE: _____

PRINT NAME: _____

THANK YOU!