



The Physical Therapy Connection, Inc.
Beth Landgraf, P.T.



Medicare Information

As of January 1st, 2014, Medicare requires health providers to keep the following information on file.

Thank you for your cooperation.

Height: _____ Weight: _____

For Therapist Use Only- BMI: _____

For Therapist Use Only- Patient notified that they are (Circle one): Above / Normal / Below BMI Parameters.

Have you fallen in the past year? _____ If so, how many times? _____

If you have fallen, were you injured due to the fall? (Please explain) _____

Please submit a copy of all your current medications including prescriptions, vitamins/minerals, over-the-counter medications, and dietary supplements. This copy must contain: medications name, dosages, frequency, and route of administration.

The above information is accurate and complete to the best of my knowledge.

Patient Signature _____ **Date** _____

Therapist Signature _____ **Date** _____