



# HUMBOLDT HAND & FOOT THERAPY, INC.

1587 Myrtle Avenue, Eureka, CA 95501-1453  
Phone (707) 441-1931 • Fax (707) 441-1940

## PATIENT INTAKE—MEDICAL HISTORY

Do you now have, or have you had in the past any of the following?

Yes	No	
___	___	Allergies – Specify: _____
___	___	Diabetes
___	___	Adhesive allergy (tape or band-aids)
___	___	Women patients: Are you or could you be pregnant?
___	___	Pacemaker/defibrillator
___	___	<b>IMPORTANT:</b> Are you presently taking any medications?
		If Yes, please complete Medication List on back side of this form. ⇒

## FINANCIAL POLICY

We are committed to providing you with the best possible care. Your clear understanding of our financial billing policy is important to our professional relationship. If you have any questions regarding our fees, our financial billing policy, or your financial responsibility, please do not hesitate to ask.

- If a patient is a minor, his/her parent or guardian is responsible for payment(s).
- We are glad to bill your insurance for you.
- Insurance is a contract between you and your insurance company. We will not become involved in disputes between you and your insurance company.
- Please note that co-pays are due at time of service. Thank you.

### Monthly Payment Policy

- Deductibles and non-covered services or materials on your statement will be required to be paid in full monthly. If there is extenuating circumstances, then you need to contact the billing office and discuss your circumstances so special payment arrangements can be made.

### Missed Appointments

- Unless appointments are canceled 24 hours in advance, our policy is to charge patient for missed appointments at the rate of \$35.00 per visit.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office Use Only