RehabPlus
PHYSICAL THERAPY

MEDICARE QUESTIONAIRE (Medicare patients only)

Your evaluating therapist will determine your coverage under the Medicare Program based on your answers to the questions below. If your services are not covered under the Medicare Program, we will discuss your options. Please answer each question completely and briefly.

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1. Have you received Home Health Care within the last 6 months? Yes No
2. Do you have a signed prescription from your physician? Yes No
3. Describe your medical history relative to this injury/illness.

   _____

   _____

4. When did the injury occur? __/__/__. Is this a chronic condition? Yes No
   Most recent episode? __/__/__. (Medicare requires an exact date.)
5. How did the episode occur or what were you doing when you noticed the increased pain?

   _____

   _____

6. What kinds of testing have you had related to this? (x-ray, MRI, etc)

   _____

   _____

7. Have you been informed of your diagnosis and prognosis? Please describe:

   _____

8. Have you received any other treatment related to this injury? Yes No
   If so, what and when? _____
9. How is this injury/illness interferring with your daily activities & your ability to function on a daily basis? (i.e.: hygiene & grooming, dressing, cooking, etc.)

   _____

   _____

_____ _____

Patient Signature Date