



The Hospital of Central Connecticut

Rehabilitation Network

New Britain Campus
100 Grand Street
New Britain, CT 06050
860-224-5121

Bradley Memorial Campus
81 Meriden Avenue
Southington, CT 06489
860-276-5305

Berlin Office
15 Massirio Drive
Berlin, CT 06037
860-829-1300

Occupational Health Network
440 New Britain Avenue
Plainville, CT 06062
860-747-5190

Welcome to the Hospital of Central Connecticut Rehabilitation Network. We thank you for choosing us, and we will strive to exceed your expectations and overall results.

During your first visit you will receive a comprehensive evaluation by a licensed Physical, Occupational or Speech Therapist. Your therapist will work with you to identify your functional deficits, from which specific goals will be set. An individual treatment plan will be created specifically for you.

Please keep in mind:

- You are responsible for determining the limits of outpatient rehabilitation benefits and for obtaining any required referral forms. Authorization does not constitute guaranteed payment of charges. The patient is ultimately responsible for any charges and co-pays.
- If you are late for an appointment, we may have to reschedule or shorten your treatment time. If you are unable to attend your appointment, please call 24 hours prior to your appointment.
- **TWO CANCELLATIONS OR NO-SHOW APPOINTMENTS WILL RESULT IN DISCHARGE FROM THE THERAPY PROGRAM.** By scheduling appointments and not attending, it limits the availability for our other patients in need of appointments. In addition, it will interfere with your ability to maximize your results with therapy. You will be required to obtain a new order from the referring physician prior to any future appointments being scheduled.

I understand the above information and am in agreement with this program:

Patient Signature _____

Date _____

We value your feedback, so if at any time you would like to share your comments or concerns, please do not hesitate to contact me directly.

Robert Stair PT, MBA, Cert MDT
Director
HOCC Rehabilitation Network
Occupational Health Network
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Past Medical History

Patient Name: _____ Date of Birth: _____ Date: _____

Cell #: _____ Carrier (Verizon, Sprint, etc.): _____ Appt. Reminders? Text / Email / Call

Primary Care Physician: _____ PCP phone number: _____

E-Mail: _____ Ebola Screened by: _____

Do you suffer from a history of:			In the past 3 months, have you had?		
Diabetes	YES	NO	A change in health	YES	NO
High Blood Pressure	YES	NO	Nausea/Vomiting	YES	NO
Heart Disease	YES	NO	Fever/Chills/Sweats	YES	NO
Cancer	YES	NO	Unexplained weight change	YES	NO
Seizures	YES	NO	Numbness or tingling	YES	NO
Allergies	YES	NO	Change in appetite	YES	NO
Stroke	YES	NO	Difficulty swallowing	YES	NO
Arthritis	YES	NO	Changes in bowel/bladder	YES	NO
Osteoporosis	YES	NO	Upper respiratory infection	YES	NO
Headaches	YES	NO	Shortness of breath	YES	NO
Pain at night	YES	NO	Dizziness	YES	NO
Asthma	YES	NO	Other	YES	NO

Are you currently pregnant? YES NO If "yes", when is your due date? _____

Operations/broken bones/other medical problems: YES NO

If yes, please list _____

Are you taking any medications: YES NO

If yes, please list _____

Do you have any allergies: YES NO

If yes, please list _____

In case of an emergency please notify: Name: _____ DOB: _____

Address: _____

Relationship to: _____ Phone: _____